

Halcyon Medical Limited

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection of January 2017 – Requires Improvement)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Requires Improvement

Working age people (including those retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We first inspected, Halcyon Medical Limited on 10 January 2017 as part of our comprehensive inspection programme. The overall rating for the practice was requires improvement. The full comprehensive report for the January 2017 inspection can be found by selecting the ‘all reports’ link for Halcyon Medical Limited on our website at www.cqc.org.uk. Following the inspection, the practice wrote to us to say what they would do to meet the regulations.

This inspection was an announced comprehensive inspection, carried out on 1 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- At the previous inspection the governance arrangements needed strengthening to ensure there was regular monitoring and reviews completed. We found some of the areas previously identified had improved, however we still found gaps in the

Summary of findings

recruitment procedures. Since the inspection we have received evidence to confirm that the recruitment policy has been reviewed and the practice are in the process of actioning the concerns identified.

- Non clinical staff were carrying out chaperone duties without an assessment of risk to patients in the absence of the appropriate checks being sought. Since the inspection we have received evidence that risk assessments have been completed and DBS checks had been requested.
- The practice had assessed patients 'needs and delivered care in line with current evidence based guidance. Since the previous inspection the practice had adapted the clinical templates to ensure their patients received regular reviews and appropriate treatment.
- The practice had also introduced focus groups made up of clinical and administration staff for each of the long term conditions. The groups met on a monthly basis to review patients on the clinical registers to ensure patients were receiving the appropriate reviews and care.
- The practice had implemented a programme of clinical audits to monitor services and demonstrate quality improvement.
- The practice had policies in place for the management of staff absence; The practice have strengthened these policies and introduced a rota to ensure there was adequate cover in all areas of the practice for the effective delivery of services.
- The practice had a system in place for the review of urgent clinical correspondence and test results; however we found examples of routine clinical correspondence that had not been actioned since November 2017.
- The practice had a system in place to identify patients that were no longer living within the local area and who could be removed from the practice list, This allowed the practice to more effectively monitor the low uptake of screening.
- The practice had implemented a system to monitor performance against childhood vaccinations. One of the practice nurses was the lead clinician in this area.

The latest published data for childhood vaccinations showed the practice were below the national average; however data provided by the practice showed improvements.

- Staff understood their responsibilities to raise concerns, incidents and near misses and the practice reported all events to the local clinical commissioning group through web based incident reporting and risk management software.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines. They worked with a range of health and care professionals in the delivery of patient care.
- Results from the GP national patient survey showed high levels of satisfaction in relation to consultations with GPs and nurses.
- There was a clear leadership structure and staff felt supported by management and there was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Continue to monitor progress against childhood vaccination programme and take action as appropriate to improve uptake.
- Monitor progress of infection control actions to ensure they are acted on.
- Assess and monitor performance against national screening programmes and clinical targets to improve outcomes for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General 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	
People with long term conditions	Good	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Key findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Action the service **SHOULD** take to improve

- Continue to monitor progress against childhood vaccination programme and take action as appropriate to improve uptake.
- Monitor progress of identified infection control concerns to ensure they are actioned.
- Assess and monitor performance against national screening programmes and clinical targets to improve outcomes for patients.

Halcyon Medical Limited

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Halcyon Medical Limited

Halcyon Medical Limited is located in the City Centre of Birmingham. The practice is situated on the ground floor of a large high street chemist. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. It is an accredited yellow fever centre and offers vaccinations not available through the NHS. The practice provides primary medical services to approximately 11,600 patients in the local community. The majority of the patients registered at the practice are from a local university with a significant number of international students. Other patients include those working within the city centre of Birmingham.

The practice is a limited company owned by the medical director who is also the registered manager. The medical director (male) is supported by five salaried GPs (three female and two male), one trainee GP and one FY2 (foundation year two placement) trainee doctor on their second year after graduation, three practice nurses and two health care assistants. The non-clinical team consists

of administrative and reception staff, a practice/business manager and an assistant practice manager. The practice is an approved training practice and provides training to GP Registrars as part of their ongoing training and education.

Based on data available from Public Health England, Halcyon Medical Limited practice is located in an area with high levels of deprivation compared to the national average. For example, the practice is ranked three out of 10, with 10 being the least deprived. Compared to the national average, the practice has a significantly higher proportion of patients between the ages of 20 and 34 years and a significantly lower than average patient population between the ages of 0 to 15 years and 35 years and over. The practice has a transient population with many of the patients moving between areas.

The practice is open between 8am to 6.30pm Monday to Friday. The practice is also open on Saturday between 10am and 2pm and Sunday between 11am and 2pm. GP appointments are available from 9am to 6pm Monday to Friday and 10am to 1.30pm at the weekends. A nurse/HCA triage clinic is held daily to offer advice and guidance. Telephone consultations are available if patients request them; home visits are also available for patients who are unable to attend the surgery. The practice are also part of the Improved Access Scheme with additional GP appointments available at a local 'hub' between 6.30pm to 8pm Monday to Friday, 9am to 1pm on Saturday and 10am to 1pm on Sunday. When the practice is closed, primary medical services are provided by Badger, an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of

Detailed findings

approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Are services safe?

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of effective management of risk were not adequate. Some of these arrangements had improved when we undertook a follow up inspection on 1 March 2018, however we identified further improvements that were required, therefore the practice continued to be rated as requires improvement for providing safe services.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had safety policies in place, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. The records we reviewed showed staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out some staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis; however we found there were gaps in the recruitment procedures including photographic ID and references for non clinical staff. Since the inspection we have received evidence that the recruitment policy has been reviewed to ensure the appropriate checks are completed prior to employment.
- We were told that staff who acted as chaperones were trained for the role, however on speaking with one of the reception staff they advised us they had not completed the relevant training, but were able to explain how to carry out this role. We found Disclosure and Barring Service (DBS) checks had not been undertaken for some staff that carried out the role of

chaperoning and no risk assessments had been completed in their absence. (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). Since the inspection we have received evidence that risk assessments have been completed and DBS checks had been requested.

- There was an effective system to manage infection prevention and control. A recent visit by the Clinical Commissioning Group highlighted some issues with premises. The issues identified had been reported to the landlord.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The practice had strengthened their annual leave policy and introduced a human resources management software since the last inspection to monitor staff absence and ensure there was adequate cover to provide services. There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for permanent and temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with some severe infections. The clinical staff had attended a primary care event on sepsis awareness.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- On reviewing staff records we found no immunisation status for non clinical staff and no risk assessment had been completed to mitigate if any risk was involved. Since the inspection, we have received evidence that a risk assessment process had been implemented for all non-clinical staff.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Results from tests and other patient information were reviewed by the GPs. We saw that urgent correspondence and all test results were managed in a timely way. However we found that the process for actioning routine clinical correspondence was not effective, with letters from November 2017 still awaiting action.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, and administered to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support antimicrobial stewardship. Clinical staff had access to the local antimicrobial guidelines, microbiology and public health contact details for further advice and guidance. The practice had a lower than average prescribing of antibiotic medicines than local and national averages. The practice had a lower than average prescribing of hypnotic medicines than local and national averages. The practice told us they monitored patients who had been prescribed these medicines and encouraged them to attend for regular reviews.

- Patient Group Directions were in place to allow the practice nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- We saw risk assessments had been undertaken in relation to the premises including legionella. We saw evidence of checks on fire, health and safety and equipment used in the practice.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong and incidents were shared with the team.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. All events were reported to the local clinical commissioning group through web based incident reporting and risk management software and discussed at weekly clinical meetings and shared with the wider team at practice meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing effective services as the practice were also unable to demonstrate quality improvements through clinical audits and adequate care plans were not in place to support vulnerable patients or those patients with more complex needs. We found these arrangements had improved when we undertook a follow up inspection on 1 March 2018 and the practice is now rated as good for providing effective services.

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.

- We found that patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had implemented procedures and adapted the clinical templates to ensure their patients received regular reviews and appropriate treatment.
- The practice had a lower rate of hypnotics prescribing than the national average. The clinicians actively monitored patients on hypnotic medicines and encouraged patients to attend for reviews.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

The practice group is rated as good for effective care.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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. A total of 0.2% of the practice list were aged 75 years and over in comparison to the local average of 6% and the national average of 8%.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Multi-disciplinary team meetings were held regularly and well attended by community teams, including palliative care nurses and the community matron.
- Data provided by the practice showed 57% of eligible patients aged 65 years and over had received a flu vaccination.

People with long-term conditions:

The practice is rated as good for effective care.

- 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.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice took part in a local project to integrate services and for the past 12 months had been working with a musculoskeletal practitioner to offer patients with joint pain appointments at the practice.
- Diabetes related indicators showed the practice had achieved 89% overall in comparison to the CCG average of 90% and the national average of 91%. We saw evidence of reviews being carried out and patients with complex diabetic needs were being referred to the Diabetic in Community Care Extension (DiCE) clinics, hosted at the practice every three months by a diabetic consultant and specialist diabetes nurse.
- Data provided by the practice showed 104 patients on the diabetic register and 98% of diabetic patients had received a flu vaccination.
- Chronic Obstructive Pulmonary Disorder (COPD) related indicators showed the practice had achieved 96% overall in comparison to the CCG average of 96% and the national average of 95%.

Families, children and young people:

The practice is rated as requires improvement for effective care.

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Publicised data showed the uptake rates for the vaccines given ranged between 24% to 47% which were below the national target of 90% or above. The practice had addressed the low uptake since the last inspection and one of the practice nurses was now the clinical lead for this area. The practice nurse followed up patients that had not attended appointments and data provided by the practice showed that between October 2017 and January 2018 the practice had achieved 70% uptake rate.
- A total of 2% of the practice list were under the age of 4 years of age, in comparison to the national average of 6%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All children aged five years and under were offered same day appointments.

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

The practice is rated as good for effective care.

- The practice's uptake for cervical screening was 69%, which was lower than the 80% coverage target for the national screening programme. Unverified data provided by the practice showed 67% of eligible patients for the current year 2017/18 had been screened. The practice nurses had all received updates and appointments were available throughout the week. The practice had worked closely with Public Health England and implemented various processes to encourage patients to attend their appointments and patients who had not attended appointments were provided with information about the screening programme and how to spot the signs and symptoms of cervical cancer.
- The practice told us this was due to the transient nature of the patient population with a large number of students registered at the practice. Many of these students moved out of the city after completing their studies without informing the practice and this made it difficult for the practice monitor these patients regularly.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- The practices' uptake for breast screening was below the national average. For example: 45% of patients aged between 50 and 70 years of age, were screened for breast cancer in last 36 months in comparison to the national average of 70%. The practice followed up patients who had failed to attend breast screening appointments by writing to them and providing information about the screening programme and how to spot the signs and symptoms of breast cancer.
- The practices' uptake for bowel cancer screening was below the national average. For example: 33% of patients aged between 60 to 69 years, were screened for bowel cancer in last 30 months in comparison to the national average of 55%. The practice follow up patient who had failed to attend bowel cancer screening appointments or failed to respond to invites to take part in the bowel screening programme by writing to them and providing information about the screening programme and how to spot the signs and symptoms of bowel cancer.
- A total of 0.8% of the practice list were aged aged 65 years and above, in comparison to the national average of 17%.
- 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:

The practice is rated as good for providing effective care.

- 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 and those with a learning disability. The practice low numbers of patients on the learning disability register of which all had received a health check and medicine review in the last year. The practice told us they would direct homeless patients to a local centre within the city that offered specialised support, but patients were able to register with the practice if they did not want to access this service.
- The practice told us that some refugees were registered with the service. Staff were aware of the process for registering these patients.

Are services effective?

(for example, treatment is effective)

- The practice held regular meetings with other health care professionals in the case management of vulnerable patients.

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

The practice is rated as good for effective care.

- 79% 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 lower than the CCG average of 91% and the national average of 90%. Since the previous inspection the practice had adapted the clinical templates to ensure patients received timely reviews, however unverified data provided by the practice showed a decrease in achievement for the current year 2017/18 of 58%.
- The practice had considered health needs of patients with poor mental health. For example: a counsellor was available twice a week to support patients with mental health needs.
- Data for mental health performance indicators demonstrated that patients experiencing poor mental health had received discussion and advice about alcohol consumption. For example, the practice had achieved 90%, in comparison to the CCG average 92% and the national average of 91%.

Monitoring care and treatment

The practice had begun to implement a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example: The practice took part in the Primary Care Commissioning Framework (PCCF) to help to develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients.

The most recent published Quality Outcome Framework (QOF) results were 83% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 14% compared with a 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.)

The practice had higher exception reporting rates for a number of clinical indicators than CCG and national averages. For example:

- The exception reporting rate for patients on the atrial fibrillation was 16% in comparison to the CCG average of 6% and the national average of 7%. The practice attributed this to the low number of patients with this condition registered at the practice. The exception reporting we observed on the day of inspection was appropriate. .
- The exception reporting rate for patients on the heart failure register was 50% in comparison to the CCG average of 9% and the national average of 8%. The practice attributed this to the low number of patients with this condition registered at the practice. The exception reporting we observed on the day of inspection was appropriate.
- The exception reporting rate for patients on the stroke and transient ischaemic attack register was 31% in comparison to the CCG average of 12% and the national average of 10%.

Since the previous inspection the practice had adapted the clinical templates to ensure their patients received regular reviews and appropriate treatment. Focus groups had been set up within practice of clinical and administration staff for each long term condition. The groups met on a monthly basis to review each patient on the clinical registers to ensure they were receiving the appropriate care.

Since the last inspection the practice had implemented a programme of clinical audits that demonstrated quality improvement. The practice shared with us clinical audits that they had recently undertaken. For example the practice carried out an audit to review patients who were at risk of developing diabetes were appropriately managed. The first audit in 2015 showed 74% of patients with an HBA1c of 42-47 had been coded appropriately and 73% of patients had received lifestyle advice. The practice repeated the audit in May 2017. The audit demonstrated a decline with 50% of patients with HBA1c of 42-47 had been

Are services effective?

(for example, treatment is effective)

coded appropriately, but an increase to 82% of patients having received lifestyle advice. All patients were reviewed and six patients were offered a medicine to lower blood sugar levels and three patients were offered lifestyle advice.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a locum pack in place for clinical staff working on a temporary basis.
- There was an 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 held multidisciplinary meetings on a quarterly basis to discuss some of the practices most vulnerable patients such as those with end of life care needs. Minutes of these meetings were seen.

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 health.
- Clinical 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 and tackling obesity.
- Flu and shingles vaccinations were available to eligible patients.
- Information leaflets were available for patients for example, diabetes support and mental health wellbeing.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, advice was given to patients with long term conditions should their condition deteriorate.

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 for patients who may lack mental capacity and for children and young people.
- 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. For example, consent forms were used for joint injections which included details of the risks associated with the procedure explained.

Are services caring?

Our findings

At our previous inspection on 10 January 2017, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services overall.

Kindness, respect and compassion

On the day of inspection we saw staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 32 patient Care Quality Commission comment cards we received were positive about the care they received.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 390 surveys were sent out and 31 were returned. This represented about 0.3% of the practice population. The results showed scores were above or comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 98% of patients who responded said the GP gave them enough time; CCG 81%; national average 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG 93%; national average 95%.
- 99% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 80%; national average 86%.
- 91% of patients who responded said the nurse was good at listening to them; CCG 87%; national average 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG 87%; national average 92%.

- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 95%; national average 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 85%; national average 91%.
- 96% of patients who responded said they found the receptionists at the practice helpful; CCG 82%; national average 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- The practice had a hearing loop to support patients that had hearing difficulties and alerts were added to patients records to ensure patients received the appropriate support For example: Sign language interpreters were organised to support patients with their consultations.
- 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.

There was carers information in the waiting room which detailed how to access support and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.09% of the practice list).

The practice offered health checks and flu vaccinations for patients with caring responsibilities. Data provided by the practice showed all patients had been invited for a health check and flu vaccination in the past 12 months and three carers had received a health check and four carers the flu vaccination.

Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted them. A patient consultation at a flexible time and location to meet the family's needs was available if required and the practice gave advice on how to find a support service.

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

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 76%; national average 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 86%; national average 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 82%; national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing responsive services as the practice had been rated below local and national averages for access in the national patient survey. These arrangements had improved when we undertook a follow up inspection on 1 March 2018. The practice is now rated as good for providing responsive services.

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. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice used a text messaging service to remind patients of appointments.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation. A duty doctor was available to ensure any emergencies were seen.
- 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 was located on the lower ground floor of a high street chemist and a lift was available for patients who used a wheelchair. A hearing loop was available for patients who had hearing difficulties and interpreters were organised for patients who required them.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was an approved yellow fever vaccination centre.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

The practice is rated good for responsive care.

- All patients had a named GP who supported them in whatever setting they lived.
- The practice offered an electronic prescription service which enabled prescriptions to be sent electronically from the GP practice to a patients chosen pharmacy for patient convenience.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

The practice is rated good for responsive care.

- Since the previous inspection, the practice had implemented focus groups made up of clinical and administrative staff to ensure patients with a long-term condition received regular reviews to check their health and medicines needs were appropriately met.
- The practice worked with specialist consultants and nurses from the local hospital to support the more complex patients with diabetes through the use of community clinics, which were held at the practice once a month.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life were coordinated with other services. Regular meetings with community teams took place to manage the needs of patients with complex medical issues.

Families, children and young people:

The practice is rated good for responsive care.

- 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. Regular meetings were held with the health visitor to discuss patients at risk and we saw minutes from those meetings.
- Practice staff told us that all children under five years of age would be seen the same day.
- The practice offered various clinics for this population group including antenatal, postnatal and baby clinics.
- Baby changing facilities were available in the premises.

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice is rated good for responsive care.

- 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, weekend appointments were available at the practice.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

The practice is rated good for responsive care.

- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability.
- The practice undertook annual learning disability reviews and we saw examples of these.

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

The practice is rated good for responsive care.

- 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. We saw an example of patient follow up.
- Staff told us that they would offer extended appointments to patients with poor mental health if needed.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice offered a range of pre-booked and same day access appointments as well as telephone consultations
- Cancellations were minimal and managed appropriately. Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction scores with how they could access care and treatment were above or comparable to local and national averages. A total of 390 surveys were sent out and 31 were returned. This represented about 0.3% of the practice population.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone; CCG 60%; national average 71%.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 76%; national average 84%.
- 81% of patients who responded said their last appointment was convenient; CCG 72%; national average 81%.
- 71% of patients who responded described their experience of making an appointment as good; CCG 63%; national average 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen; CCG 46%; national average 58%.

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 and it was easy to do. Complaints leaflets were available in the waiting room.
- The complaint policy and procedures were in line with recognised guidance. A total of eight written complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Complaints were discussed with staff during staff meetings and both written and verbal complaints were recorded to support learning.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing well led services as the governance arrangements were not effective. These arrangements showed improvement when we undertook a follow up inspection on 1 March 2018. The practice is now rated as good for providing well led services.

Leadership capacity and capability

The leaders of the practice had acted on the majority of the concerns identified at the previous inspection and areas requiring improvement at this inspection were acted on immediately to mitigate further risks. We found the leaders had the skills to deliver quality care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- 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. They understood the challenges they faced and were taking action to address them.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a mission statement displayed in the waiting area. Staff members we spoke with were aware of the practice vision and understood the values.
- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The business plan demonstrated plans to manage change, achieve sustainable workloads and improve the integration of technology within practice processes.

- The current lease for the building was until 2018 and the practice was looking to expand. Larger premises had been identified close by and the practice was currently in negotiation to confirm a move date. All patients had been contacted to advise them of the proposed move.
- 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 worked closely with their local commissioning network to develop services to meet health and social priorities
- The future strategy of the practice centred on a move to new premises. We saw evidence of a meeting that had been held to discuss with patients the proposal to move to larger premises.

Culture

The practice had a culture of quality sustainable care.

- The practice focused on the needs of patients and we saw evidence to confirm the practice had updated and implemented clinical templates to ensure patients received appropriate reviews. Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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.
- There were positive relationships between staff and teams. 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Good 

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

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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. The practice regularly met as part of a multidisciplinary team, to help reduce admissions to secondary care. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice policies, procedures and activities were in place to support safety and provide assurance that the service was operating as intended.
- Practice staff told us that they held quarterly practice meetings. We saw minutes of the meetings which detailed key issues were always discussed with action plans to follow up any identified concerns.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- We identified some risks during the inspection which were acted on immediately by the management team. These included risk assessments being completed for staff that carried out the role of chaperone in the absence of a Disclosure and Barring checks (DBS).
- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety; however these needed to be strengthened. For example we found gaps in the recruitment procedures. Since the inspection we have received evidence that the recruitment policy had been reviewed to ensure all the appropriate checks are completed before employment.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- A programme of clinical audits had been implemented.
- The practice had plans in place and had trained staff for major incidents and we saw evidence of an emergency continuity plan in place.

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.
- The practice had a transient population. Data provided by the practice showed in the previous 12 months, the practice had registered 3,340 patients, but had deducted 2,968 patients. As many of the patients registered are overseas students, the practice told us it can be difficult to confirm when patients have left.
- The practice took part in the Primary Care Commissioning Framework (PCCF) to help to develop general practice, encourage partnership working and deliver improvements in clinical outcomes for 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 such as areas of QOF performance.
- 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 effective 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

Are services well-led?

Good 

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

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 had held a meeting with patients to discuss the proposed plans to move to larger premises.
- There was an active patient participation group, which consisted of five members who met on a regular basis. The practice told us they do have difficulty in organising meetings as many of the group are young professionals. Following the patient meeting to discuss the proposed move to new premises more patients had expressed an interest in joining the group. Notices were on display in the waiting room advising patients of the group.
- Since the previous inspection the practice had implemented a range of meetings, including a weekly clinical meeting. The practice staff told us the medical director had introduced a daily 'huddle'. This was an opportunity for staff to share any concerns or issues with colleagues after each session.
- Every year the management team organised an away day for all staff which was based on specific themes. The staff told us they found these useful as they were able to contribute to the future of the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Since the last inspection in January 2017 the practice had implemented a range of systems and processes to monitor patient outcomes and improve the clinical management of patients' conditions. This included:

- Focus Groups, made up of clinical and administrative staff, each group covering a long term condition. The aim of the focus groups was to have effective recall systems and ensure patients receive regular reviews and improve the continuity of care.
- A programme of clinical audits had been implemented to demonstrate quality improvement.
- The practice had strengthened their management of staff absence and had installed human resources management software to monitor staff absence and ensure adequate staff levels were maintained.
- The medical director completed in-house appraisals with the salaried doctors after their NHS appraisal to ensure they had received the appropriate support and development opportunities.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, one of the practice nurses was currently studying a prescribing course with the support of the GPs.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• There were insufficient processes in place to ensure routine hospital correspondence was reviewed in a timely manner.• Risk in relation to staff carrying out the role of chaperones had not been assessed in the absence of a disclosure and barring check (DBS).• On reviewing staff records we found no immunisation status for non clinical staff and no risk assessment had been completed to mitigate if any risk was involved
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>providers must operate robust recruitment procedures, including undertaking any relevant checks. In particular:</p> <ul style="list-style-type: none">• The provider had not sought the relevant checks to ensure appropriate checks in previous employment and photographic identification before staff commenced employment.