

# Great Barr Group Practice

## 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Great Barr Group Practice on 1 September 2016. Overall the practice is rated as Good. There are two surgery locations that form the practice; these consist of the main practice at Walsall Road and the branch practice at Moreton Avenue. Systems and processes are shared across both sites. During the inspection we visited the main site at Walsall Road. The practice will be moving to new premises in October 2016 where both sites will be combined.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used innovative and proactive methods to improve patient outcomes. For example the practice nurse developed a checklist to follow when visiting housebound patients to ensure that both clinical and social needs were being met.

- Feedback from patients about their care was consistently positive.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients could access appointments and services in a way and at a time that suited them. Patients were given the option of a preferred practice location and they could also access services across the two sites including cervical screening and phlebotomy.

# Summary of findings

- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example the practice had commenced a rheumatology (DMARD) monitoring service for their patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We observed the premises to be visibly clean and tidy. Some areas were showing signs of being worn, but the practice was moving to new premises in October 2016.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was also a language board, this explained how to book appointments in various languages.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.
- There was a clear leadership structure and staff felt they were supported by management and the GPs.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients.

- The practice nurse had achieved the Queen's award. The Queen's Nurse programme is designed for community nurses who want to develop their professional skills and promote the highest standards of patient care. From this award the nurse had introduced a checklist for housebound patients registered at the practice to review and monitor their care.

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

- Continue to encourage patients with learning disabilities to attend their annual reviews.
- Review and strengthen current procedures for the filing of pathology results once actioned.
- Ensure effective communication where all staff groups have the opportunity to formally contribute to the running and development of the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- There were effective systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The GP partners held monthly meetings to discuss lessons learnt.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We found pathology results that had been reviewed but not filed into patients' records.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- Risks to patients were assessed and well managed. We saw evidence of completed weekly health and safety risk assessments.

### Are services effective?

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recent published results were 100% of the total number of points available with an exception reporting rate of 10.4%.

## Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was a carer and 1.4% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- We saw that staff were helpful and treated patients with kindness and respect and maintained patient and information confidentiality. The practice also supported patients by referring them to a number of support groups, onsite stop smoking service and other support agencies.

## Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had recently commenced a rheumatology DMARD monitoring service.
- There are innovative approaches to providing integrated patient-centred care. For example the practice nurse had initiated a checklist to be completed for every visit to a housebound patient to ensure that all their clinical and social needs were being met.
- Patients can access appointments and services in a way and at a time that suits them and were given the option of a preferred practice location out of the two sites. Telephone consultations and extended hours were also available. The practice also offered Saturday morning appointments at the main practice for patients who could not attend during the week.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, whole team staff meetings were not being held to ensure all staff had an opportunity to formally contribute to the running and development of the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Staff we spoke with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were proud to be part of the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at clinical levels.
- There was a documented leadership structure and staff felt supported by management.
- All staff had received inductions and regular performance reviews.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions. The practice had 177 patients on the unplanned admissions register which represented 1.9% of the practice population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were housebound.
- The premises were accessible to patients with mobility difficulties.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community.
- Data provided by the practice showed that 86% of patients on the practice palliative care register had a face to face review in the past 12 months.
- The practice nurse had initiated a checklist to be used when visiting housebound patients to ensure that all medical and social needs were being met. There were 35 people on the housebound register.

### People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held on a monthly basis.

# Summary of findings

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example, a consultant led diabetes clinic was held every two months at both the main and branch site to review patients with complex diabetes.
- A rheumatology DMARD monitoring service has been commenced to support patients registered at the practice.

## Families, children and young people

Good



- There were systems in place 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 A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 87.8% to 97.7% compared to the CCG averages which ranged from 87.5% to 94.9%. Immunisation rates for five year olds were ranged from 83.6% to 95.5% compared to the CCG average of 87.1% to 94.4%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 84% which was higher than the national average of 82%.

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered a choice of extended hours to suit their working age population, with later evening appointments available one day a week and Saturday morning. Results from

# Summary of findings

the national GP survey in July 2016 showed 73% of patients were satisfied with the surgery's opening hours which was higher than the local average of 71% and slightly lower than the national average of 76%.

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, housebound and caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that 52% of patients on the learning disability register had received their annual health checks. The practice sent appointment reminders to patients and was actively trying to reduce the number of patients who did not attend their health checks.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every six weeks.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. There were 130 patients on the practices register for carers; this was 1.4% of the practice list.

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

Good



- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counselling service commissioning by the CCG offered a weekly session at the branch surgery for patients.

## Summary of findings

- 94% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 298 survey forms were distributed and 123 were returned. This represented 41% response rate.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.

- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Some of the comments received, detailed how helpful the reception staff were and how GPs listened to what the patient had to say.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Continue to encourage patients with learning disabilities to attend their annual reviews.
- Review and strengthen current procedures for the filing of pathology results once actioned.

- Ensure effective communication where all staff groups have the opportunity to formally contribute to the running and development of the practice.

# Great Barr Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Great Barr Group Practice

Great Barr Group Practice is located in Great Barr, Birmingham an area of the West Midlands. There are two surgery locations that form the practice; these consist of the main practice at Walsall Road and the branch practice at Moreton Avenue. Systems and processes are shared across both sites. The practice will be moving to new premises in October 2016 where both sites will be combined.

The practice has a Personal Medical Services contract (PMS) with NHS England. A PMS contract are locally agreed contracts between NHS England and a GP practice. PMS contracts offer local flexibility by offering variation in the range of services which may be provided by the practice.

The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice is a training practice for doctors and currently has three GP trainees working across both sites. GP trainees are doctors that are completing the GP part of their medical training and work from 6 months to one year at a GP practice.

There are three GP partners (2 male, 1 female). The nursing team consists of one advanced nurse practitioner, one practice nurse and one health care assistant. The non-clinical team consists of a practice manager, administrative and reception staff.

Based on data available from Public Health England, the levels of deprivation in the area served by Great Barr Group Practice are above the national average ranked at six out of ten, with ten being the least deprived. The practice has a registered list size of approximately 9,000 patients and had a slightly older population than the national average.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Extended hours appointments are available 6.30pm to 8.40pm Wednesday and 9am to 12.20pm Saturday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The practice had a messaging service for patients to remind them of their appointment times.

When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and NHS 111 service and information about this is available on the practice website.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 September 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and held monthly GP partner meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed eight significant events that had occurred from August 2015 to May 2016. Significant event records were well organised, clearly documented and continually monitored.
- There was a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Some areas were starting to look worn, but the practice was planning to move to new premises in October 2016. We observed the premises to be clean and tidy. We saw daily cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff had received up to date training. The practice had robust systems in place to monitor infection control and the practice nurse carried out regular infection prevention checks. We saw evidence of audits and completed checks and actions taken to address areas identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation

## Are services safe?

- On reviewing pathology results we found that they had been actioned but some had not been filed into patients' records. There was a backlog of filing of two weeks on some results.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks were available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice carried out quarterly risk assessments for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

### Arrangements to deal with emergencies and major incidents

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

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available; this was higher than the national average of 94.8%. Exception reporting was 10.4% which was higher in comparison to the national average exception reporting of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was higher than the CCG average of 85.2% and the national average of 89.2% Exception reporting rate was 5.6%
- Performance for mental health related indicators was 100% which was higher than the CCG average of 89.1% and the national average of 92.8% Exception reporting rate was 5.3%.

There was evidence of quality improvement including clinical audit.

- There had been regular audits completed at the practice. We reviewed three audits where the

improvements made had been implemented and monitored. For example, the practice had completed an audit to reduce nonsteroidal anti-inflammatory drugs (NSAIDs) use in patients to minimise harm. The first audit carried out July 2015 identified 28 patients who required review. A reaudit was carried out in March 2016 and the practice had seen a reduction in the prescribing of NSAIDs to 20 patients. The practice continues to monitor the prescribing of this medicine in line with the CCG and NICE guidelines.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, recent action had been taken to reduce the number of silver dressings used for patients who required wound management care. The practice reviewed patients and liaised with the tissue viability nurses to change patients to more effective dressings.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through many training courses. For example, nurses were supported to attend studies days, such as updates on immunisations and cervical screening. The practice nurse was due to commence an advanced nurse prescriber course in January 2017.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. One of the nurses had qualified as

# Are services effective?

## (for example, treatment is effective)

an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Non clinical staff told us that they did not get opportunities to do courses to further their development within the practice. They told us they had expressed interest in certain courses and were keen to do training and had discussed this with the practice manager.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice implemented the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. Monthly GSF meetings took place to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had 14 patients on their palliative care register. The data provided by the practice highlighted that 79% of these patients had a care plan in place and 86% of the eligible patients had received a medication review in the past 12 months. We saw that the patients on the register were regularly reviewed and discussed as part of multi disciplinary meetings.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A consultant led diabetes clinic was held every two months to support patients with complex diabetes.
- A counsellor offered weekly sessions to support patients with mental health concerns.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was slightly higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice

# Are services effective?

(for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were higher than the CCG averages and in line with national averages. For example,

- 75% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 54% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 47% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98%, which was comparable to the CCG average of 88% to 95% and five year olds from 84% to 96%, which was comparable to the CCG average of 87% to 94%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was slightly lower for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

The practice scored higher on the following indicators:

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had carried out an inhouse survey to gather patient feedback in May 2016. The practice had received 230 responses. The results of the survey showed 95% of patients rated the care they received as good or excellent.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format and in a range of languages.
- A language board was in place in the patients' waiting room which detailed how the appointment system worked in a variety of languages. The practice website could also be translated into different languages.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There were 130 patients on the practice's register for carers; this was 1.4% of the practice list. There was a noticeboard in the patient waiting room which told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy letter and would offer support and advice to the family.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had recently commenced a rheumatology (DMARD) monitoring service.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Wednesday evening from 6.30pm to 8.40pm and on Saturday morning from 9am to 12.20pm.
- The practice offered text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A duty doctor was available to offer telephone advice and triage patients requesting a same day appointment.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were disabled facilities and translation services available. A language board displaying various languages was in place to assist patients understand the appointment system.
- There was no hearing loop at the practice, but patients with hearing difficulties had alerts added to their medical records.

- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example the nursing team ran dedicated clinics and every two months a diabetic consultant ran a clinic at both the main and branch sites for patients with complex diabetes.

### Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were available from Monday to Friday 9am to 11.20am and 4.30pm to 5.25pm.

Extended hours appointments were offered on Wednesday evening from 6.30pm to 8.40pm and Saturday morning from 9am to 12.20pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

The practice had not reviewed the results of the GP National Patient survey, but had carried out an inhouse survey in May 2016 and had 230 responses, which represented 2.5% of the total practice list. Results from the practice survey had shown that patients had commented on the lack of appointments. The practice had addressed this and had increased the number of appointments available to book online and had advertised this in the waiting room.

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

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice leaflet and website guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice and we saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way. We also looked at complaint records and found that they had been satisfactorily handled and responses demonstrated openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a documented business plan which incorporated the values, objectives and overall vision of the practice; this was also discussed and monitored through partner and management meetings. The practice had a clear vision to provide the highest level of primary health care to patients. We spoke with five members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

The partners have purchased a new building and plan to combine the two practice sites into one. They have a strategy and vision to offer a host of services to the local population. These include a gymnasium with rehabilitation facilities to be able to offer patients treatment facilitated by physiotherapists and other local services within the community.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and on the practice intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- A comprehensive understanding of the performance of the practice was maintained. The practice regularly reviewed its progress and had achieved maximum points in QOF.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and listened to all members of staff.

The GP partners and practice manager formed the senior management team at the practice. The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice held regular meetings; these included monthly significant event and complaint meetings and multidisciplinary (MDT) meetings every six weeks. All of these meetings were governed by agendas which staff could contribute to, meetings were clearly minuted and action plans were produced to reflect actions at each meeting.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

# Are services well-led?

Good 

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

- The practice gave affected people reasonable support a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The PPG consisted of four members. We spoke with all members of the group as part of our inspection.
- PPG meeting minutes were circulated to members who could not always attend the meetings; but there was no access to the minutes on the practice website. The practice proactively gathered feedback from staff.

- Staff told us that whole team meetings were not regular, but the partners and practice manager said they were planning on improving this once both teams were in the same building. Staff appraisals were completed regularly and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager and GPs are very supportive.

## Continuous improvement

There was a focus on continuous learning and improvement within the clinical team at the practice. The practice was supportive of the nursing staff and the practice nurse was due to start her prescribing course in January 2017 to become an advanced nurse practitioner. The partners were hoping to improve services in the new premises with the support of community services and secondary care.