

Dr Bathla & Partners- Soho Road Primary Care Centre

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?	Outstanding	

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 Dr Bathla and Partners practice on 30 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and they had detailed knowledge of the population groups, the clinical conditions that exist in their area and the challenges that they face.
- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Summary of findings

We saw areas of outstanding practice:

- Staff competencies were assessed annually by external specialists for example, public health nurse for annual health checks, The practice initiated this quality assurance process to support staff with their personal development, to provide the management team with validation and reassurance that work was completed correctly, providing evidence of the quality of service provided. Staff told us on the day that this process gave them confidence and demonstrated that the practice were interested in

their development. This initiative resulted in increased diagnosis of patients suffering with Dementia, atrial fibrillation and hypertension, with increased referrals for healthy living advice.

The areas where the provider should make improvement are:

- The practice should continue to support patients to attend the national screening programmes.

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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice were proactive in managing unplanned A&E attendances and hospital admissions.
- The practice initiated a recruitment day for nurses and reception staff to overcome the challenges they faced.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff competencies were assessed annually by external specialists for example, public health nurse for annual health checks. The practice initiated this quality assurance process to support staff with their personal development, to provide the management team with validation and reassurance that work was completed correctly, providing evidence of the quality of service provided. This initiative resulted in increased diagnosis of Dementia, atrial fibrillation and hypertension, with increased referrals for healthy living advice.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- The practice demonstrated comprehensive learning and sharing of information with other health care professionals through structured meetings and comprehensive minutes.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a very high number of minority groups registered and patients from these groups spoken with praised the service they received which included the leaflets and appointment sign in, in different languages language and the support from the PPG members on how to use this.
- The practice had a shower room available for homeless patients to use.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had a detailed understanding of their population groups. For example they had undertaken a survey of the numbers of patients in each ethnic group this identified a high number of 85% in one particular group the practice employed an interpreter for one day a week and arranged clinics on this day for this population group.
- The practice offered extended hours appointments in the evenings and on Saturday mornings from 9am to 1pm.
- The practice altered their appointment profile to suit patients' needs during Ramadan.
- There were longer appointments provided for patients with a learning disability and long term conditions.
- Information was available for patients on the practice website and in the waiting area in a number of languages. The practice also provided information in large print.
- The practice provided an in-house walk in counselling service and psychiatric review service with a one hour response time.
- The practice held regular education programmes for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice was able to articulate its current challenges and opportunities within its local context and emerging national programmes. They had a clear understanding at a high level of their overall clinical and managerial performance.
- The practice had detailed knowledge of the population groups, the clinical conditions that existed in their area and the challenges that they faced. They had reviewed the use of interpreters and had introduced a more efficient way to use them, for example dedicated clinics for particular population groups.
- The practice had considered the ethnic makeup of their staff in order that they could overcome the communication challenges which their diverse population presented. The practice had invested in staff development
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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 reviewed the competencies of staff and the practice systems and processes on a regular basis.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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

Outstanding



Summary of findings

- 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 all levels.

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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Performance for diabetes related indicators was 100%, compared to the CCG average of 88% and the national average of 91% the exception reporting for this indicator was 7% compared to the CCG and national average of 10%.
- The percentage of patients with COPD that had had an influenza immunisation was 98% which was similar to the CCG and national average.
- The practice demonstrated how it focused its quality improvement programme through specific projects, they had targeted hard to reach diabetic groups through PPG led clinical education workshops and the initiation of additional recall systems for these high risk groups.
- GPs and 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.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care.

Outstanding



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk, for example, children and young people who had a high number of A&E attendances. This included a hospital did not attend (DNA) follow up system for children.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice held regular clinical meetings for children who had been identified as at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance. The practice held regular meetings with Health Visitors to discuss any concerns and safeguarding.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- New technology was available for patients who choose to utilise them, such as online access, text message cancellation and self-check in.

Working age people (including those recently retired and students)

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

- 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 pre-bookable extended hour's service from 8am until 11.30am each Saturday morning.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.
- New technology was available for patients who choose to utilise them, such as online access, text message cancellation and self-check in.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice ensured that practice letters, documentation, self-check-in and their website was available in various languages to meet local needs.
- The practice had a shower room available for homeless patients to use.
- The practice held a carers' register and members of staff and the PPG were carers champions.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100%, compared to the CCG average of 91% and the national average of 93%, the exception reporting for this indicator was 8% compared to the CCG average of 10% and national average of 11%. For example, 92% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 90% and national average of 88%.
- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients and the practice carried out advance care planning
- The practice provided an in-house walk in counselling service and psychiatric review service with a one hour response time.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty nine survey forms were distributed and 92 were returned. This represented 25% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and a national average of 73%.
- 72% 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 a national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and a national average of 85%.

- 70% 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 a national average of 79%.

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. Patients said they were always treated with care and respect.

We spoke with four patients during the inspection including five members of the patient participation group. All patients said they received excellent care and treatment and found the staff to be professional, diligent, approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to support patients to attend the national screening programmes.

Outstanding practice

- Staff competencies were assessed annually by external specialists for example, public health nurse for annual health checks, The practice initiated this quality assurance process to support staff with their personal development, to provide the management team with validation and reassurance that work was completed correctly, providing evidence of the

quality of service provided. Staff told us on the day that this process gave them confidence and demonstrated that the practice were interested in their development. This initiative resulted in increased diagnosis of patients suffering with Dementia, atrial fibrillation and hypertension, with increased referrals for healthy living advice.

Dr Bathla & Partners- Soho Road Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Bathla & Partners- Soho Road Primary Care Centre

Dr Bathla and partners surgery is situated in the inner-city area of Handsworth Wood in Birmingham. The surgery is based in a purpose built building with all patient areas on the ground floor. The surgery has a multicultural patient list of approximately 9,800, with 2% English speaking and a high number of younger persons aged between 0 and 34 years registered at the practice. Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten, with level one representing the highest level of deprivation.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contractual obligations to provide enhanced services to patients. An enhanced service is above the contractual requirements of the practice and is commissioned to improve the range of services available to patients. For example, they offer minor surgery, near patient testing and extended opening hours on Saturdays.

The practice provides a number of clinics, for example, long term condition management including asthma, diabetes and high blood pressure. The practice is a yellow fever centre.

The clinical team includes two GP partners, both male, three salaried GPs, one female and one GP registrar. There are two part time nurse prescribers, two practice nurses, two healthcare assistants and one pharmacist prescriber. The GP partners and the practice manager form the management team and they are supported by an assistant practice manager and nine reception and administration staff. The practice is a teaching practice and had one GP registrar trainee (a qualified doctor training to be a GP).

The practice is open 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, 8am to 8pm on Wednesdays and 9am to 1pm on Saturdays. In addition the practice offers pre-bookable and urgent appointments are available when patients need them. Appointments are available, 9am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, 9am to 8pm on Wednesdays and 9am to 1pm on Saturdays. When the practice is closed the out of hours provision is provided by Primecare.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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).

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 30 November 2016. During our inspection we spoke with a range of staff, which included the practice management, nursing staff, reception and administrative staff and GPs. We spoke with four patients who use the service including five members of the patient participation group.

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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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, a written apology and were told about any actions taken to improve processes and prevent the same thing happening again.
- The practice maintained a significant events summary spreadsheet and we found that they had reported 11 events in the last year. The practice judiciously reviewed each incident and conducted a timely analysis. Following the completion of the investigation, they implemented changes in practice, policy or protocols with staff involvement and maintained workflows, which demonstrated that action had taken place. For example, the practice had improved its response to requests for medical information following an incident. As a result all information requests were checked with the patient and a clinician before being released.
- Patient safety alerts were received into the practice electronically and disseminated to relevant clinicians for action. We saw evidence that alerts were actioned and shared appropriately. The senior partner took the lead to ensure that all actions were completed.
- 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. Staff demonstrated their awareness of the most recent alerts.

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:

- The practice had policies in place for safeguarding both children and vulnerable adults. These policies were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs and nurses this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on patient records. The practice liaised with professionals involved in safeguarding including the school nurses to ensure their electronic records flagged patients and families at risk appropriately and removed those who were no longer on the register.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and repeated in consulting and treatment rooms.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually. Staff had their hand washing technique assessed regularly and feedback was given when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff.
- 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).

Are services safe?

- The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England. Annual cold chain audits were completed.
- Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines, this included regular searches, using alerts on the computer system and audits.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent prescribers and the practice employed a pharmacist prescriber who could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had also been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills, these drills were reviewed to improve process and the policy was amended when required.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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 instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and they undertook scenario training twice a year to maintain skills.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 had a structured approach in assessing needs and delivering 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 demonstrated that it used the weekly clinical meetings to disseminate and discuss any new 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 99% of the total number of points available. There was 6% exception reporting compared to the CCG and national average of 10%. (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).

The practice demonstrated that it understood its overall performance and also the clinical areas where they planned to target improvements. This practice had constantly achieved high QOF scores (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 100%, the exception reporting for this indicator was 7% compared to the CCG and national average of 10%.
- Performance for mental health related indicators was 100%, the exception reporting for this indicator was 8% compared to the CCG average of 10% and national

average of 11%. For example, 92% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 90% and national average of 88%.

- The percentage of patients with COPD that had had an influenza immunisation was 98% which was the same as the CCG and national average.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last two years, seven of these were completed audits where the improvements made were implemented and monitored. To improve services. For example, recent improvements had been made following an audit on patients prescribed Warfarin, in accordance with NICE guidance.

The practice had completed A&E attendance audits, patients were telephoned and educated regarding appropriate services. Despite the increase in the practice list size the numbers of inappropriate A&E attendances had remained the same. The practice undertook annual audits on attendance at the out of hours service.

The practice manager had a continual audit programme to undertake annual observational reviews. For example, how patients were treated with respect to privacy and dignity, handwashing and cleaning.

Effective staffing

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

- The practice had initiated a 'nurse recruitment day' this was experimental as an initiative to fill longstanding vacancies. The recruitment was successful and the practice used the same process for reception staff.
- The practice had structured practice protected learning time., They held a weekly continuing profession development (CPD) club for clinical staff, where they discussed NICE guidance, audits and specific patient's needs. They also invited external speakers to enhance specialist learning on certain subjects such as Dermatology and minor surgery techniques.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions, staff had undertaken additional training in areas including medicine prescribing, respiratory care and in managing diabetes in primary care.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- 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 nurse meetings.
- Competencies of staff were regularly assessed by external specialists for example, public health nurse for annual health checks and phlebotomy, ECG assessment by clinician, spirometry assessment for the healthcare assistant. The practice initiated this quality assurance process to support staff with their personal development, to provide the management team with validation and reassurance that work was completed correctly, providing evidence of the quality of service provided. Staff told us on the day that this process gave them confidence and demonstrated that the practice were interested in their development.
- The regular assessment of competencies of the healthcare assistant allowed the practice nurse to focus on long term conditions, resulting in increased diagnosis of patients suffering with Dementia, atrial fibrillation and hypertension, with increased referrals for healthy living advice.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, clinical supervision,

facilitation, and support for revalidating GPs. The practice manager had detailed knowledge of each staff role and held monthly one to one meetings to discuss effectiveness of systems and ways to improve.

- All staff had had a regular annual appraisal; their training and development needs were planned for or had been met. Staff felt they were able to approach the senior management team if they had any additional training needs.
- There was clinical capacity within the practice to meet anticipated workload demands, including internal cover for holiday leave and other planned absences.
- The pharmacist prescriber was supported by the practice to undertake a disease management diploma.

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.
- The practice demonstrated close and effective working with other health and social care professionals. We saw evidence of comprehensive multidisciplinary meeting notes with action plans and follow up. We noted that clinical entries were updated appropriately
- The practice worked closely with other health professionals with regard the management of unplanned admissions
- When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure patients were offered timely appointments.
- The practice identified patients approaching the end of their life. There were processes in place to monitor and appropriately discuss the care of patients with end of life care needs, with other professional including the out of hours provider.

Are services effective?

(for example, treatment is effective)

- The practice reviewed all expected deaths in a structured manner in order to share learning and ensure 'best practice'.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so. Letters were dictated and prioritised by the referring GP.
- The practice demonstrated comprehensive learning and sharing of information with health visitors, through structured meetings and comprehensive minutes
- The practice had a strong liaison relationship with the voluntary sector and third parties.

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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

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 were signposted to the relevant service.
- 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.

- The practice held a register of patients living in vulnerable circumstances including patients living with a learning disability. All patients with a learning disability had received an annual health assessment.

The practice's uptake for the cervical screening programme was 81%, compared to the CCG average of 79% and a national average of to the CCG average of 82%. The exception reporting for this indicator was 4% which was below the CCG average of 8% and a national average of 6%.

The practice demonstrated how they encouraged uptake of the screening programme and sent text messages to patients that did not attend. There were 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 53% compared to the CCG average of 67% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 35% compared to the CCG average of 46% and a national average of 58%.

The practice was able to demonstrate an awareness of the data and had taken proactive steps to improve performance. For example, posters are displayed in the waiting area, if patients did not attend they were contacted by a clinician., Reception staff provided web links and leaflets in various languages to promote and explain about screening.

Childhood immunisation rates for the vaccinations given to under two year olds was 93% compared to the CCG average that ranged from 30% to 91% and the national range from 73% to 93% and five year olds from 18% to 92% compared to the CCG average that ranged from 55% to 95% and the national average of 81% to 95%.

The practice was able to demonstrate an awareness of the data and had taken proactive steps to improve performance. For example, congratulation cards are sent to new mothers with information pertaining to immunisations and reminder calls and text message., Families were contacted and re-booked if they did not attend their appointment. Health visitors were informed if a patient did not attend twice and a record flagged in the patient record for opportunistic immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients valued the practice and praised the GPs, nurses and all staff inclusively.
- There was a shower room in the practice for homeless people to use.

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 four patients during the inspection including five patient participation group (PPG) members and common themes included the staff had a friendly warmth and welcoming approach. Patients reported they felt listened to and that staff made time for them. The practice had a high number of minority groups registered at the practice. Patients from some of these groups spoken with praised the service they received which included the leaflets and appointment sign in, in their native language and the support from the PPG members on how to use this. All reported excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% 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%.
- 85% 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 a national average of 85%.
- 76% 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 a national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 83% 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%.

Are services caring?

- 81% 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 a national average of 82%.
- 80% 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 a 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.
- Information leaflets were available in a number of languages, large print and in easy read format.

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. The practice had identified 127 patients as carers (1% of the practice list). There was a carers corner in reception regularly manned by a PPG member to encourage carers to enrol at the practice. Staff and PPG members were carers champions. All carers were contacted for flu vaccinations and annual health checks. .

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a detailed understanding of their population groups. For example they had undertaken a survey of the numbers of patients in each ethnic group this identified a high number in one particular group. The practice employed an interpreter for one day a week and arranged clinics on this day for this population group.

- The practice offered extended hours appointments in the evenings and on Saturday mornings from 9am to 1pm.
- The practice altered their appointment profile to suit patients' needs during Ramadan.
- There were longer appointments provided for patients with a learning disability and long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All of the practice staff were multilingual.
- Information was available for patients on the practice website and in the waiting area in a number of languages. The practice also provided information in large print.
- The practice provided an in-house walk in counselling service and psychiatric review service with a one hour response time.

The practice demonstrated how it focused its quality improvement programme through specific projects. The practice had targeted hard to reach diabetic groups through PPG led clinical education workshops and the initiation of additional recall systems for these high risk groups. The practice worked closely with other providers of

diabetic services. For example, the PPG manned a diabetic display in the waiting area, they collected information identifying patient educational requirements. The patients were invited to a workshop ran by the clinicians, delivered in two languages. The workshops provided bespoke leaflets, education on diet and information on exercise centred around walking around local parks. This was a rolling programme of educational workshops, the next programmes planned were carers and dementia.

Access to the service

The practice is open 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, 8am to 8pm on Wednesdays and 9am to 1pm on Saturdays. In addition the practice offered pre-bookable and urgent appointments which were available when patients need them. Appointments were available, 9am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, 9am to 8pm on Wednesdays and 9am to 1pm on Saturdays. When the practice was closed the out of hours provision was provided by Primecare.

Results from the national GP patient survey July 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and a national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

To improve the attendance at appointments, the practice phoned and texted all the patients with pre-bookable appointments, staff were given additional time to undertake this process and the practice had achieved a 50% reduction in DNAs.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system, for example, posters were displayed and leaflets were available.

There had been 7 complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with complaints, which included the complainants' involvement. Lessons were learnt from individual concerns and complaints. There was an analysis of trends, action was taken as a result to improve the quality of care, and this was shared with all practice staff. Complaint records reviewed demonstrated that complaints were recorded and well documented.

Are services well-led?

Outstanding



(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 safe care and promote good outcomes for patients. The practice had a mission statement that was developed with the staff, this was displayed in the waiting areas. The practice had a robust strategy and supporting business plans which reflected the vision and values. These actions were regularly monitored.

The practice was able to articulate its current challenges with regards to their population groups and opportunities within its local context and emerging national programmes. They had a clear understanding at a high level of their overall clinical and managerial performance.

Staff told us about their desire to provide patients with caring, responsive and professional care. Staff members told us that they put patients at the heart of everything they do.

To support the development and growth of the practice they established the first patient participation group in 2003.

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:

- The practice demonstrated that it understood its overall performance and also the clinical areas where they planned to target improvements. The practice had constantly achieved high QOF scores (or other national) clinical targets.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice was able to articulate its current challenges and opportunities within its local context and emerging national programmes. They had a clear understanding at a high level of their overall clinical and managerial performance.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The practice had detailed knowledge of the population groups, the clinical conditions that existed in their area and the challenges that they face in terms of poverty and ethnicity. They had reviewed the use of interpreters and had introduced a more efficient way to use them, for example dedicated clinics for particular population groups.

They and also considered the ethnic makeup of their staff in order that they could overcome the communication challenges which their diverse population presented. The practice had invested in staff development

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Outstanding



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

- Staff said they felt valued, respected and supported. Staff told us the partners were approachable and took the time to listen to all members of staff. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had initiated innovative methods to overcome the difficulty with nurse recruitment. They initiated a 'practice open day', this attracted numerous attendees and culminated in the recruitment of two new staff. The process was repeated for reception staff
- The practice had structured practice learning and protected time, they held a weekly continuing profession development (CPD) club for clinical staff, where they discussed NICE guidance, audits and specific patient's needs. They also invited external speakers to enhance specialist learning on certain subjects such as Dermatology and minor surgery techniques.
- Staff competencies were assessed annually by external specialists for example, public health nurse for annual health checks, The practice initiated this quality assurance process to support staff with their personal development, to provide the management team with validation and reassurance that work was completed correctly, providing evidence of the quality of service provided. This resulted in increased diagnosis of patients suffering with Dementia, atrial fibrillation and hypertension, with increased referrals for healthy living advice.

Staff at the practice were enthusiastic, driven toward patient health improvement and demonstrated patient focussed objectives such as:

- Nursing staff were autonomous in ensuring that patients with long-term conditions had their condition management needs met and that performance in relationship to this was achieved. The GPs were involved in respect of any clinical change.
- GPs each had lead responsibilities these were actively monitored and GP leads ensured that audit results were appropriately cascaded to staff and that learning from these was embedded in their systems.

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

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

- The practice kept patients updated on their website with a section 'you said, we did'.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG met every two months. The five members we spoke with said that meetings were well managed and were enthusiastically supported by the practice manager.
- The PPG had been involved in the past with discussions around the practice web site.
- PPG members attend early for their GP appointments so they had the opportunity to talk to other patients.
- One PPG member was clearly a knowledgeable and enthusiastic user of technology was a strong advocate of the work that the practice was doing in this area in introducing more online services for patient access.
- Members were concerned that their membership did not reflect the wide patient profile of the practice. The practice were doing all they could to encourage new membership and took the role of the PPG seriously.
- The PPG manned a diabetic display in the waiting area, they collected information identifying patient educational requirements. The patients were invited to a workshop ran by the clinicians, delivered in two languages. The workshops provided bespoke leaflets, education on diet and information on exercise centred around walking around local parks. This was a rolling programme of educational workshops and additional programmes were planned to support carers and patients with dementia. Feedback collected by the PPG was positive with requests for additional workshops.
- The practice altered their appointment profile to suit patients' needs during Ramadan.

Continuous improvement

Are services well-led?

Outstanding



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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- The practice had invested in staff development,
- The practice were actively recruiting staff as part of their growth plan.