

# Manor House Lane Surgery

## Quality Report

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

## Ratings

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

# 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 Manor House Lane Surgery on 23 June 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- The practice had visible clinical and managerial leadership and staff felt supported by management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 premises proved a challenge due to lack of space and limited car parking, which the staff managed well.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that multidisciplinary team meetings took place every two months.
- The provider was aware of and complied with the requirements of the duty of candour.
- Governance and risk management arrangements were not robust. There were no risk assessments in the absence of disclosure and barring checks (DBS) for members of the reception team who occasionally chaperoned.

# Summary of findings

- Some staff who acted as chaperones were unaware of the recommended chaperoning guidelines when observing treatments and examinations.
- We found some of the practice policies required reviewing and updating in line with national guidance.
- As tenants of the premises, the provider had not assured themselves that risks to patients, visitors and staff had been appropriately assessed and managed.
- The practice was unable to provide sufficient evidence of seeking appropriate assurances for the employment of staff. For example, Disclosure and Barring Service (DBS) checks had been accepted for nursing staff from their previous employment

The areas where the provider must make improvement are:

- Ensure all staff are risk assessed in the absence of a Disclosure and Barring Service (DBS) check when carrying out chaperoning duties.

- Have a legionella risk assessment in place to mitigate risk and the spread of infection.

The areas where the provider should make improvement are:

- Ensure staff who chaperone are aware of and comply with recommended chaperoning guidelines when observing treatments and examinations.
- Consider how to proactively identify and support carers.
- Review effectiveness of keeping administration staff up to date with no regular meetings taking place.
- Ensure appropriate processes to assess, monitor improvement and mitigate risks in relation to both the safety and quality of the service, for example the use of risk assessment.
- Seek and act on feedback received from patients to demonstrate improvements to services.

**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 was unable to provide sufficient evidence of seeking appropriate assurances for the employment of staff. For example, Disclosure and Barring Service (DBS) checks had been accepted for nursing staff from their previous employment.
- Risks to patients who used services were not well assessed and there were no systems and processes in place to address these risks for example, there was no risk assessment in place for legionella.
- As tenants of the premises, the provider had not assured themselves that the necessary safety checks had been completed. For example, no gas safety certificate was available.
- There was an effective system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses and we saw evidence of weekly clinical meetings where incidents were discussed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to safeguarding concerns.
- 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 observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.
- Systems were in place to ensure the safe storage of vaccinations and checks were undertaken to monitor the vaccines.
- Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained.
- The practice had not formally assessed the risk, in the absence of Disclosure and Barring Service (DBS) checks, of members of the reception team who would occasionally act as chaperones.
- Some staff who acted as chaperones were unaware of the recommended chaperoning guidelines when observing treatments and examinations.

Requires improvement



# Summary of findings

## Are services effective?

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance.
- The practice provided enhanced services which included immunisations and advanced care planning.
- The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients.
- The practice had robust systems in place to effectively monitor patients with long term conditions, by sharing responsibilities across the practice team.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



## Are services caring?

- 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 0.6% of the practice list registered as carers. There was a carers' protocol in place and information displayed on the noticeboards in the waiting room to encourage patients to identify themselves as carers.

Good



## Are services responsive to people's needs?

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Good



# Summary of findings

- The practice was well equipped to treat patients and meet their needs, but faced challenges due to the size of the building.
- 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.
- 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.

## Are services well-led?

- The practice had a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- 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 support the delivery of good quality care
- 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 patient participation group was an active virtual group, which the practice accessed when they required feedback, but no review of patient surveys had been completed or discussed with the practice team or patient participation group
- There was a strong focus on continuous learning and improvement at all levels.
- Practice specific policies were implemented and were available to all staff, but we found some policies needed reviewing and updating. For example, the health & safety policy was last reviewed in 2008.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. We saw evidence that all patients had a care plan and were offered same day appointments. 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 patient's conditions could be safely managed in the community and also offered support to a residential homes in the local area.
- The practice pharmacist carried out medication checks and held regular meetings with the GPs to discuss patient's needs.

### 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 and patients who were housebound received reviews and vaccinations at home. For example, blood tests for warfarin monitoring.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice had successfully taken part in the clinical commissioning group (CCG) pilot for diabetes management and care, which had resulted in a reduction of hospital admissions.
- 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.

# Summary of findings

## Families, children and young people

Good



- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.
- The practice's uptake for the cervical screening programme was 80% which was slightly below the national average of 82%.
- 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. Antenatal care was provided by the midwife who held a clinic twice a week at the practice.
- The practice had successfully recruited a young person representative on the patient participation group (PPG).

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

Good



- 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 new patient health checks, and 40-74 year old NHS health checks were carried out, but there was no recording of this on patients' records due to software issues.
- The practice offered extended hours every Tuesday evening at Manor House Lane surgery and Wednesday evening at the branch surgery in Marston Green
- A health trainer ran weekly sessions at the practice to support patients with weight management and healthier lifestyles.
- Smoking cessation advice was offered by the Health Care Assistant and this was supported by a local stop smoking service.

## 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.
- The practice offered longer appointments and annual health checks for people with a learning disability. There were 66 patients on the learning disability register and 80% had received their annual health checks.
- Home visits were carried out to patients who were housebound and to other patients on the day that had a need.



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and offered support to a local learning disability home.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held monthly meetings with the district nurses and community teams.
- 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 had 49 patients on the palliative care register; all had a care plan in place and received regular face to face reviews.
- The practice held a register of carers which identified 68 carers registered; this represented 0.6% of the practice list. There was a carers' protocol in place and information displayed on the noticeboards in the waiting room to encourage patients to identify themselves as carers. We found the GPs were unsure of the reasons for the low number of carers but they attributed it to incorrect coding.

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

- 80% 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had 88 patients on their mental health register and 83% had their care plans reviewed in the last 12 months.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A healthy mind therapist ran regular sessions at the practice to support patients who were experiencing mental health issues.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 308 survey forms were distributed and 112 were returned. This represented a 36% response rate.

- 74% of patients found it easy to get through to this practice by phone compared to the local CCG average of 68% 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 local CCG average of 83% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the local CCG average of 83% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 75% 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 28 comment cards, 26 were positive about the standard of care received, however two commented on the difficulties in accessing appointments.

On the day of the inspection we spoke with six patients, and contacted two members of the patient participation group (PPG) via email and telephone after the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients we spoke to on the day said they were satisfied with the care they received and thought staff were approachable, understanding, committed and caring.

## Areas for improvement

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

- Ensure all staff are risk assessed in the absence of a Disclosure and Barring Service (DBS) check when carrying out chaperoning duties.
- Have a legionella risk assessment in place to mitigate risk and the spread of infection.

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

- Ensure staff who chaperone are aware of and comply with recommended chaperoning guidelines when observing treatments and examinations.

- Consider how to proactively identify and support carers.
- Review effectiveness of keeping administration staff up to date with no regular meetings taking place.
- Ensure appropriate processes to assess, monitor improvement and mitigate risks in relation to both the safety and quality of the service, for example the use of risk assessment.
- Seek and act on feedback received from patients to demonstrate improvements to services.

# Manor House Lane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Manor House Lane Surgery

Manor House Lane surgery is based in the South Yardley area of the West Midlands. There are two surgery locations that form the practice; these consist of the main practice at Manor House Lane Surgery and a branch practice at Marston Green Surgery. There are approximately 10250 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. During the inspection we did not visit Marston Green surgery.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients.

There are two male GP partners and three salaried GPs (one male and two female). The nursing team consists of two nurse practitioners, three nurses and one health care

assistant. The non-clinical team consists of a practice manager, administrative and reception staff. The clinical staff and some of the reception staff worked across both sites.

The practice serves a higher than average population of people aged 45-54 years. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Manor House Lane surgery is higher than the national average, ranked four out of ten, with ten being the least deprived.

The practice is open to patients between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday and 8.30am to 1.30pm on Wednesday. Extended hours appointments are offered 6.30pm to 8pm on Tuesday at Manor House Lane surgery and 6.30pm to 8pm on Monday at Marston Green surgery. Emergency appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service (including weekdays from 6.30pm to 8.30am) is provided by Badger Out of Hours Service and the NHS 111 service. Information about these services are available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

# Detailed findings

## 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.

## 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 23 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice manager, reception 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

There was an effective system in place for recording significant events. 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 and the practice kept the clinical commissioning group (CCG) up to date of incidents and outcomes.

- 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 to improve processes to prevent the same thing happening again.
- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process to record significant events. We viewed a summary of 14 significant events that had occurred since May 2015.
- The practice carried out an analysis of significant events and kept a record on the shared drive for all staff to review actions taken and lessons learnt.
- Significant events, safety alerts, comments and complaints were a standing item on the weekly clinical meeting agendas and we reviewed minutes of meetings where these were discussed and actioned.

### Overview of safety systems and processes

The practice had clearly defined systems and processes in place to keep patients safe and safeguarded from abuse, but the processes were not always adhered to:

- 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. Some of the reception team acted as a chaperone when required. There had been no risk assessment completed to determine if Disclosure and Barring Service (DBS) checks were required for members of the reception team who acted as chaperones. (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).
- Not all staff who carried out chaperone duties were familiar with nationally recognised guidance, such as the General Medical Council (GMC) chaperoning guidelines.
- The practice manager was the infection control lead, supported by the nursing team. The practice manager liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received the latest update training in October 2015. There was no training in place for administration staff. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The latest audit had been completed in March 2016 and the practice had achieved 93%. The audit had not identified the risks relating to having carpet mats in the treatment room.
- The practice kept records to support that staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines.
- 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). The vaccination fridge temperatures were recorded and

## Are services safe?

monitored in line with guidance by Public Health England. 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs.
- 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 four personnel files and found they were disorganised and we saw gaps in the recruitment checks prior to employment. For example, the practice had accepted Disclosure and Barring Service checks for the practice nurse carried out by their previous employer.

### Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. A health and safety risk assessment and fire risk assessment had been completed in June 2016, but the provider had not gained assurances from the landlord that other appropriate reviews had been completed, for example gas safety and maintenance.
- The practice had some risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, but no risk assessment for legionella had been completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)

- Fire drills were carried out regularly. The last fire drill had taken place in April 2016. Fire alarms were checked weekly and fire extinguishers were checked on an annual basis. The last review had been in January 2016.
- 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 last review had been completed in March 2016.
- 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 regular updates on basic life support training.
- 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, 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 showed that the practice had achieved 97.8% of the total number of points available; this was higher than the national average of 94.8%. Exception reporting was 11.4%, compared to the national average exception reporting of 8.2%. (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 86.3% which was lower than the national average of 89.2%
- Performance for patients with mental health related indicators 98.7%, which was higher than the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last 12 months. We reviewed two completed audits where the improvements made were implemented and monitored. For example, one audit reviewed patients

with atrial fibrillation on warfarin. The audit identified 37 patients with a stroke risk requiring intervention. 14 patients had their warfarin discontinued and 23 were not taking warfarin.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice worked closely with the practice pharmacists to ensure appropriate prescribing and with the nursing team to review and monitor patients with long term conditions.

### 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, fire safety, health and safety and confidentiality, but infection prevention and control was not included.
- The practice had implemented an entire curriculum covering serious illnesses and effective prescribing to support nurses in their development as advanced nurse practitioners.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- 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.

### 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, when they were referred or after they were discharged from hospital. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- The process for seeking consent was monitored through patient records audits.

### 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol intake. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82.3%, which was higher than the CCG average of 81.2% and the national average of 81.8%. 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening, but results were lower than the CCG and national averages, for example:

- 69.8% of female patients aged from 50 to 70 years of age had been screened for breast cancer during the last 36 months. This was lower than the CCG average of 74.2% and England average of 72.2%.
- 55.1% of patients aged 60 years to 69 years had been screened for bowel cancer in the last 30 months. This was below the CCG average of 60.2%, and the national average 58.3%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.4% to 98.7% and five year olds from 91.9% to 98.4%.

Patients had access to appropriate reviews for long term conditions, health promotions and screening. NHS health checks were offered, but not recorded on patients' records due to computer software issues. Stop smoking advice and counselling services were also offered at the practice.



# 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.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were very helpful, caring and treated them with dignity and respect.

We spoke with two members 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 showed patients felt they were treated with compassion, dignity and respect, but the satisfaction scores on consultations with GPs and nurses were slightly lower than the local CCG and national average. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group CCG average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

### 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 however results were slightly lower than the local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice told us they had not reviewed the national patient survey data but used the results from the Friends & Family test (FFT) to monitor patients' feedback. The latest results from the FFT showed 6 patients were extremely likely and 2 were likely to recommend the practice to others.

Patients responded positively to the helpfulness of the receptionists. For example:

- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care and staff told us that translation services were available for patients who did not have English as a first language and a hearing loop was available for patients who had difficulty hearing.

### **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 68 patients as carers (0.6% of the practice list). The GPs were unsure of the reason for the low number but attributed this to incorrect coding. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the reception would send them condolence cards.

# 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.

- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes and anti-coagulation clinics, a range of health promotion and the midwife offered antenatal appointments twice a week.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday and 8.30am to 1.30pm Wednesday. Appointments were from 8.30am to 12pm Monday and Wednesday, 9am to 12.30pm Tuesday, Thursday and Friday and 3 pm to 5.50pm daily. Extended hours appointments were offered 6.30pm to 8pm on Tuesday at Manor House Lane surgery and 6.30pm to 8pm on Monday at Marston Green surgery. From 6.30pm to 8.30am the Badger out of hours service was in place to answer emergency calls. 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, or slightly better than local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

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

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system via the practice website and information was available in reception.

We looked at four written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and a complaint register was in place to record complaints and the action taken. Complaints were discussed at the partners meetings and cascaded to staff via internal messaging system. Lessons learnt were used to improve the quality of care.

# 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.

- The practice staff understood the values at the practice and the future business plans of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a strategy to deliver good quality care and there were structures and procedures in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

We reviewed practice specific policies and found some policies needed reviewing and updating. For example, the health & safety policy was last reviewed in 2008. The policies were available to all staff.

Risk management arrangements were in place, but not all were effective For example,

- No risk assessments had been completed in the absence of disclosure and barring checks (DBS) for members of the reception team who occasionally chaperoned.
- The practice had not sought assurance from the landlord that all the appropriate checks and management were in place, for example gas and electrical maintenance.

### Leadership and culture

On the day of inspection the GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 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 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 did not hold administration team meetings, but they were kept up to date of changes by the internal messaging system.
- The clinical team held quarterly away days to review updates, significant events and discuss lessons learnt.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager and felt confident in doing so.
- Staff said they felt respected, valued and supported, in the practice. All the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had not carried out any surveys and had not reviewed the results of the national patient survey, but gathered feedback from patients through Friends & Family test and complaints received. The practice had a virtual PPG which the practice used on occasions for feedback, but there was no evidence of engagement with this group. The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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

# Are services well-led?

Good 

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

to improve outcomes for patients in the area. For example the practice had taken part in a Diabetes pilot with the support of a diabetic consultant and specialist diabetic nurse to improve outcomes of patients in the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

**How this regulation was not being met:**

- The registered person had not sought assurances as tenants that the necessary risk assessments had been completed for the premises.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Providers must assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

**How this regulation was not being met:**

The registered person had not carried out the appropriate checks through the Disclosure and Barring Service (DBS) or completed risk assessments in the absence of a DBS check for staff who acted as a chaperone.