

Summerfield 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Summerfield Primary Care Centre on 11 August 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was evidence of learning from most individual incidents. However there had been no analysis of incidents to identify emerging trends.
- Risks to patients were not always well managed, for example those relating to recruitment checks and medicines management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, this was done informally and no systematic approach was in place.
- Data showed patient outcomes were slightly below local and national average.

- Audits were carried out and we saw evidence that they were driving improvements to patient outcomes.
- 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. Data we looked at confirmed this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and others needed to be personalised to the practice and embedded.
- There was a leadership structure but staff were not always clear of lead roles.

The areas where the provider must make improvements are:

- The practice must ensure the proper and safe management of medicines and vaccines.
- The practice must ensure that appropriate recruitment arrangements are in place.
- Governance processes must be effective in identifying, monitoring and managing risks within the practice. An

Summary of findings

effective process must be in place to ensure appropriate receipt, action and monitoring of patient safety alerts. Recorded incidents should be analysed for themes and trends.

In addition the provider should:

- Systems or processes should be reviewed to ensure carers are identified so they can be offered appropriate support.

- Effective processes should be in place to ensure improvement in uptake for the cervical cytology screening.
- A systematic approach to respond and action NICE and other relevant guidelines should be developed.

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 requires improvement for providing safe services, as there are areas where improvements must be made.

- There was an effective system in place for reporting and recording significant events. However, there was no system in place to review incidents in order to identify trends.
- Patients were at risk of harm because some systems and processes were not effective. For example, the storage and of management vaccine.
- Recruitment processes were not adequate as the practice were unable to demonstrate that appropriate recruitment checks had taken place.
- Systems and process were not always formalised and systematic. For example, those related to the management of medicine alerts and for monitoring prescriptions that had not been collected.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were slightly below local CCG and national averages. For example, the practices most recent Quality and Outcomes Framework (QOF) data showed that they had achieved 87% of the total number of points available. This was below the local CCG average of 93% and the national average of 95%.
- There was evidence that national guidelines were being followed and the GPs we spoke with demonstrated knowledge of latest national guidelines. However, they were being implemented opportunistically and there was no formal system in place for the receipt and action of new guidelines.
- There was evidence that clinical audits were driving quality improvement.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, it offered some enhanced services such as extended opening hours and avoidance of unplanned admissions.
- 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.
- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was above local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 requires improvement for being well-led.

Requires improvement



- The practice had a vision and a strategy but the lack of formalised systems and processes made it more difficult to demonstrate how this would be achieved.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. Other policies such as those related to the management of medicines and vaccines were available but staff were unable to demonstrate adequate knowledge of the policies.

Summary of findings

- The practice held ad-hoc meetings as and when required. For example, there were two meetings held in May 2016 but there was no systematic approach to meetings with regular standing agenda items.
- There was a clear leadership structure but staff were not always aware of lead roles.
- The practice had a patient participation group (PPG) that was facilitated by the practice manager. The PPG was used to provide feedback on any changes to the practice. There was no evidence that improvements were made as a result of feedback from the PPG.

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 provider was rated as requires improvement for safety, effective and well led services. The issues identified affected all patients including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were longer appointments available where appropriate and those patients over 75 were allocated a named GP.
- Patients told us that they could walk in to the practice for an appointment and they would be seen by a GP.
- The practice took part in an enhanced scheme to identify patients who are at high risk of avoidable unplanned admissions.
- There were disabled facilities available and the practice had a level access entrance to the premises.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effective and well led services. The issues identified affected all patients including this population group.

- The GPs took a lead role in chronic disease management with the practice nurse working under close supervision of the GPs.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators for the practice in 2014/15 was 82% which was lower than the CCG average of 85% and national average of 89%.
- The percentage of patients with asthma, on the register, who have had an asthma review for 2014/15 was above average at 90% for the practice compared to 75% for the CCG and 75% nationally.
- 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety, effective and well led services. The issues identified affected all patients including this population group.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children subject to safeguarding concerns.
- Immunisation rates for the standard childhood immunisations were slightly below local CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 76% to 80% and five year olds from 82% to 90% for the practice. This was below the CCG rates of 87% to 95% (with the exception of meningitis C at 41%) and 87% to 95% respectively.
- The practice's uptake for the cervical screening programme was 69%, which was below the CCG average of 80% and same as 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 and health visitors.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effective and well led services. The issues identified affected all patients including this population group.

- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care to this population group.
- The practice offered extended hours on Mondays from 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- Patients were able to book same day appointments and telephone consultations with the GPs.
- Online appointment booking was available.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group. Most of these were done opportunistically during consultation.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective and well led services. The issues identified affected all patients including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and mental health. The practice demonstrated knowledge of some patients such as non-English speakers and offered a translation service.
- Regular multidisciplinary meetings were held and their social care needs were discussed with relevant services.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. We saw relevant information to signpost patients to other 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, effective and well led services. The issues identified affected all patients including this population group.

- Reviews for patients with dementia were available. However there were very low numbers of patients registered at the practice who had a dementia diagnosis.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw leaflets were available in the practice for these patients.
- 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.
- Staff had a good understanding of how to support patients with mental health needs. One of the GP partner had taken on the lead for this and we saw they had completed an advanced diploma the previous year.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing above local and national averages. Of the 346 survey forms that were distributed, 88 forms returned.

This represented 6% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to CCG average of 75% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.

- 86% 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 national average of 78%.
- 100% of patients found the receptionists at the surgery helpful compared to the CCG average of 81% and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. Overall, patients said they felt listened to, that the practice offered an excellent service and staff were helpful and attentive.

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

Summerfield Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Summerfield Primary Care Centre

Summerfield Primary Care Centre also known as Dr Kulshrestha's Summerfield Family Practice is located in 134 Heath Street, Winson Green, Birmingham and has approximately 1750 patients registered with the practice. There was also a branch surgery (The surgery), located in 55 Cheddar Road, Balsall Heath, Birmingham. However, we did not visit this surgery as part of this inspection.

Summerfield Primary Care Centre is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG).

The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

Based on data available from Public Health England, the practice is located in the most deprived areas. Compared to the national average the practice generally has a higher proportion of patients aged between 0 and 55 and lower proportion of patients over 55 years of age.

The practice staff consists of two GP partners (one Male and one Female), a practice nurse, a practice manager and a team of administrative staff.

The practice telephone was open between 8.45am and 6pm Monday to Friday except Thursday when it closed in the afternoon. Appointments were from 8.45am to 10am every morning and 5pm to 6pm daily except Thursdays. Extended hours appointments were offered from 6.30pm to 7pm on Mondays.

An alternative arrangement is in place for when the surgery is closed between the hours of 8am and 6.30pm. The practice has opted out of providing out-of-hours services to their own patients and this service is delivered by another provider.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2016. During our visit we:

- Spoke with a range of staff including the GP partners, the practice nurse, the practice manager and administration staff.
- We spoke with patients who used the service including the chair and other members of the patient participation group (PPG).
- We 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 a system in place for reporting and recording significant events. Significant events were reported to the manager who collated all the information and organised ad-hoc meetings for discussion. We looked at four examples of recorded incidents which were generally detailed and demonstrated some learning. There had been no overall trend analysis of incidents to identify emerging themes.

The practice received safety alerts which were available in the practice and the practice manager told us that they discussed them with the GPs but this was not recorded. We discussed recent relevant alerts with the GPs and noted that they were aware of the alerts and managed this informally. For example, the GP we spoke with was aware of a recent MHRA alert but which did not apply to any patients registered. However, they did not intend to take a formal approach to conduct searches.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Two of the GPs were leads for safeguarding and attended safeguarding meetings when possible. 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 protection or child safeguarding level 3, the practice nurse was also trained to level 3.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a

person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- We looked at four staff files including a locum GP. The practice were unable to demonstrate that they had followed an appropriate recruitment process as they were unable to provide recruitment information for the locum GP such as evidence of their current registration, medical indemnity and whether they were on the national performers list.
- The practice was located in a purpose built health centre and the landlord organised cleaning of the premises. We observed the premises to be clean and tidy. There were designated leads for infection control. We saw that the practice manager had carried out some infection control audits, including hand hygiene, review of consultation rooms, personal protective equipment as well as others. We saw that no actions were identified and we did not identify any issues in regards to infection control.
- There was an anaphylaxis kit available in one of the GP room, an emergency medicines kit was located in the reception. All the emergency medicines that we checked were in date and appropriately stored. The practice had emergency oxygen and defibrillator.
- The practice had a system for managing high risk medicines which was in line with current guidelines for prescribing and monitoring. We saw an audit had been carried out on blood monitoring for patients on a high risk medicine. The audit identified one patient needing follow up and we saw action was taken.
- 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 forms and pads were securely stored and there were systems in place to monitor their use. However, there was no formal system in place for monitoring prescriptions that had not been collected.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- The practice had a dedicated secure fridge where vaccines were stored. We were told that regular checks of the fridge temperatures were undertaken and recorded. However, the practice could not provide evidence of this. We saw records to confirm that temperatures were recorded for December 2015 and August 2016. The practice could not provide any further evidence. The practice nurse told us that they did record the temperatures but were unable to locate the records.
- The practice had a product refrigeration protocol which stated the accepted minimum and maximum temperature range was between +2 degrees Celsius and +8 degrees Celsius. The practice also had Public Health England guidance on this. However, where recordings had been made we saw that the practice was only recording the actual temperature and not the minimum and maximum temperature ranges as per the guidance. Responsible staff members could not demonstrate how they could operate the built in thermometer on the vaccine fridge. Staff were also unable to demonstrate knowledge of the contents of the refrigeration protocol. We looked at the minimum temperature which was within the accepted range. But the maximum temperature was showing at +14 degrees Celsius. This was above the accepted range of +8 degrees Celsius. The practice quarantined the vaccines and told us that they had contacted the CCG for further advice. They also contacted the fridge manufacturers for further advice on how to operate the thermometer on the fridge.

Following the inspection the practice informed us that they had purchased a new fridge and the nurse had also attended a course on cold chain management, resetting of fridge and immunisation course. This course was organised by the CCG. The CCG also confirmed that a member of the medicines management team had visited the practice to offer advice and guidance.

Monitoring risks to patients

The practice was located in a health centre and the landlord (NHS Business Service Authority) was responsible for maintenance of the equipment and the building. Where the practice was responsible for maintenance of equipment we noted they were checked and calibrated to ensure it was in good working order. We spoke with a staff member at the health centre who showed us documents confirming checks had been carried out by the landlord. This included 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). We saw fire risk assessments and regular fire drills were carried out.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a small team and administrative staff who were able to cover each other's annual leave and we saw that there was sufficient administrative staff on duty. The practice also had access to locum GPs if needed.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The practice had a branch surgery and the plan incorporated this site.

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 GPs attended annual updates for NICE guidance. The GPs we spoke with demonstrated knowledge of relevant NICE guidance and saw evidence that NICE guidance were being followed such as for atrial fibrillation, asthma as well hypertension. We saw evidence of a review where NICE guidance had been incorporated. However there was no governance process in place to ensure guidance had been routinely considered when necessary or appropriate. The GP told us that they discussed NICE guidelines informally within the practice.

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 87% of the total number of points available. This was below the local CCG average of 93% and the national average of 95%. The exception reporting at 6% was below local CCG and national averages of 9%. 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.

Data from 2014/15 showed:

- Performance for diabetes related indicators was below the local and national average. The practice achievement was 82% which was below the CCG average of 85% and the national average of 89%.
- Performance for mental health related indicators was also below the local CCG and national averages. The practice achievement was 62% and was below the CCG average of 89% and the national average of 93%.

The provider told us that there had been some IT problems which had resulted in some QOF points being lower than

expected. For example, we saw that the QOF achievement for heart failure was below CCG and national average at 35% (CCG average 95% and national 98%). The practice had been able to identify and address the IT issue relating to this.

The GPs mainly carried out reviews of patients with long term conditions, with the practice nurse working under the direction of the GPs. The female GP carried out screening for cervical cytology and most of the screening was carried out opportunistically.

There was evidence of quality improvement including clinical audit. There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements were shown in prescribing practice. Minutes of meetings we looked at showed that outcomes of the audits were discussed by GPs. The practice had carried out an audit on blood monitoring in patients on a high risk medicines. This was triggered as a result of a significant event and we saw appropriate action and learning points were identified to improve services.

Effective staffing

Most of the staff working at the practice were long standing but newly appointed staff had an induction programme. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff files we looked at showed that relevant staff had received annual appraisals and received training in safeguarding, basic life support, fire training and infection control. The practice had access to eLearning but had not utilised this as the practice manager did not have the password to access these. This was organised through the CCG and told us they would be contacting the CCG to obtain the password to enable access.

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 received information from

Are services effective?

(for example, treatment is effective)

other services by fax, email or letter and was dealt with usually within 24 hours. Test results received were also dealt with appropriately. We checked the test results received electronically and saw that they were up to date.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had an effective system in place for referrals.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes of meetings we looked at showed that they were attended by GPs, nurses, community matrons as well as a dementia care-co-ordinator with detailed discussion of cases.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Our discussion with the GPs showed that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw appropriate co-ordination of 'do not attempt resuscitation' (DNAR) orders with preferred place of death and notification to the out of hours services.

When providing care and treatment for children and young people staff carried out assessments of capacity to consent in line with relevant guidance. We saw Fraser guidelines were displayed in the nurse's wall as well as guidelines regarding contraceptive pills. This refers to whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent.

Supporting patients to live healthier lives

The practice identified some patients who may be in need of extra support. For example the practice had a list of patients on palliative care, dementia, mental health as well as depression.

The practice's uptake for the cervical screening programme was 68%, which was below the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The female GP partner undertook cervical screening and told us that they found it difficult to get patients to attend their appointment. They told us that they spent a lot of time with patients explaining the benefits of the cervical screening and undertook opportunistic screening offering this on the day with the female GP if records indicated patients were due their screening.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. For example, all patients undergoing cervical cytology were recorded on the patient records system. If records obtained indicated inadequate screening alerts were placed on the record system which made identifying and calling patients easier. Information provided by the practice demonstrated this.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 80% and five year olds from 82% to 90%. The CCG average for under two year olds ranged from 41% to 92% and for five year olds from 87% to 92%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 48 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 as they always went the extra mile to help. Patients said staff and all the GPs were caring and treated them with dignity and respect.

We spoke with six patients including three members of the patient participation group (PPG), including the chair. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said they could always get an appointment and that the GP would stay behind and see all patients. 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. The practice was above average for its satisfaction scores on consultations with GPs and slightly below for nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% 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%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 100% 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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the CCG and national averages for the GPs and slightly below for the nurse. For example:

- 85% 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%.
- 83% 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% national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets regarding registering and the services available in various languages including Punjabi, Urdu, Bengali as well as Kurdish.

Are services caring?

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. For example, the practice made available a leaflet developed by mind on money and mental health.

The practice did not have a formalised system to record carers and only 10 patients (0.57% of practice list) were

registered as carers. There were no alerts on the system to flag that a person was a carer and the GP was unsure why the practice had such a low number of carers registered. They felt that they had more carers but may not have been recorded on the system.

Staff told us that if families had suffered bereavement, their usual GP assessed the situation and contacted the family to offer bereavement counselling. They also told us that that sometimes families became more upset and made judgement to offer further support when they first spoke with the patients' family members.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence to demonstrate that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had set up targeted services such as in-house or referral to secondary care for electrocardiograms (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain), 24 hour blood pressure monitoring and spirometry (a test of how well you can breathe and can help in the diagnosis of different lung diseases such as chronic obstructive pulmonary disease). The practice took part in an enhanced scheme to identify patients who were at high risk of avoidable unplanned admissions.

The practice offered extended opening on Mondays from 6.30pm to 7pm for working patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability. 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.

- The practice was located in a purpose built health centre and there were disabled facilities, a hearing loop and translation services available.
- The practice population was diverse and we saw specific information was available in various languages.
- There were longer appointments available for patients with complex needs such as those with dementia, 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.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients identified as at-risk of hospital admission had care plans in place.

Access to the service

The practice was open between 8.45am and 6pm Mondays to Friday except Thursdays when the practice closed in the afternoon. On Mondays the practice offered extended opening until 7pm. Appointments were from 8.45am to 10am and from 5pm to 6pm except on Thursdays. The provider told us that the opening times were guidelines and were usually open until 11.30-12pm. Patients were able to walk in for an appointment and the GP would ensure all patients were seen. Some patients we spoke with confirmed that they could walk in for an appointment and the GP would respond to their medical needs.

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

- 83% of patients were satisfied with the practice's opening hours compared to the local CCG average of 71% national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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

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.

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.

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.

The practice had received one complaint in the last 12 months which had gone to the ombudsman for resolution.

Are services well-led?

Requires improvement 

(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. It was clear from our discussions with staff members and GPs that a lot of effort was being made to ensure good outcomes for patients. This was reflected in the positive results achieved from the national patient survey. However, the lack of formalised systems and processes made it more difficult to demonstrate an achievable practice vision.

Governance arrangements

Formal governance arrangements were not always in place at the practice. The provider told us that due to the small staff group some of the required processes were dealt with informally.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Incidents were investigated; however incidents were not reviewed in order to identify trends and themes.
- The practice had an effective system in place for handling complaints and concerns.
- The practice could demonstrate that they had knowledge of patient safety alert received by the practice. There was no formal system in place to ensure appropriate action and monitoring consistently took place.
- The practice had a governance framework to support the delivery of good quality care. However, this was not always effective. For example, the management and monitoring of vaccines in the practice was not effective. Systems and processes were in place for the monitoring of fridge temperatures; however these had failed to identify potential risks.
- The practice held ad-hoc meetings to discuss issues as and when required. For example, there were two meetings held in May 2016, one meeting discussed legionella and another meeting discussed access to medical records and data protection. There was no systematic approach to meetings where items such as risk, incidents and complaints were discussed.

- Staff were not always clear on who held lead roles within the practice, for example in relation to safeguarding and infection control.
- Some policies such as the whistle-blowing policy was not personalised to the practice and did not name a third party organisation in the event staff needed to raise concerns. Our discussion with staff also showed that they were unsure of the process or the policy as they had not been fully embedded. .

Leadership and culture

There was a leadership structure in place and staff felt supported by management. Cervical cytology was carried out by the female GP partner and management of long term conditions such as Diabetes was being carried out by both GP partners. The practice nurse had some involvement under the direction of a GP. The nurse was unable to access registers of patients with specific conditions such as asthma. The GP partners agreed that the better utilisation of the nurse's role had the potential to improve practice performance in the areas of long term conditions as well as cervical cytology.

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

The practice had a mechanism to gather feedback from patients and the public. The practice had a patient participation group (PPG) which was run by the practice manager. Members of the PPG we spoke with told us that they normally attended the meeting when invited by the practice manager. They also confirmed that they normally received updates from the practice in regards to any changes. The practice was unable to show any evidence where feedback from the patient group was used to make changes. The practice told us that patients were happy with the service which was confirmed by the feedback we had received. This was further supported by the practice with some of the compliments and thank you cards the practice had received from patients.

We saw patient surveys had been carried out by the GPs as part of their appraisal and revalidation. We saw that the results confirmed that patients were happy with the service.

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
Treatment of disease, disorder or injury

Regulation

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

How the regulation was not being met:

Care and treatment must be provided in a safe way for service users by the proper and safe management of medicines and vaccines.

The practice did not have an effective system in place to ensure the appropriate storage of vaccines.

This was in breach of regulation 12 (1)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Systems were not always in place for the effective management of risks within the practice.

This was in breach of regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Recruitment procedures did not demonstrate that appropriate systems were in place to ensure necessary recruitment checks had been completed.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19 (1).