

Leach Heath Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Leach Heath Medical Centre on 5 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient outcome data reported lower than local and national average scores for many conditions. However, the practice had experienced a sudden increase in practice size due to the closure of another practice and redevelopment in the area which had impacted on this.

- Feedback from patients about their care and treatment was very positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was rated highly in relation to the quality of consultations and overall experience of the service in the latest National GP Patient Survey.
- Information about services and how to complain was available and easy to understand.
- The latest National GP Patient Survey rated access to appointments as comparable to others and in some cases above national and local averages. However, several patients raised with us difficulties getting through on the phone as their main frustration.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

Summary of findings

- The practice was working with the Alzheimer's Society in a new project funded by the CCG to provide additional support to patients diagnosed with dementia. The practice coordinated dementia reviews to coincide with the drop in sessions run by the charity. This enabled the patient to be linked to a support worker. The benefits to patients and their carers were around education, emotional support, coping strategies and respite. With agreement from the patient, information could be shared with their GP so that the GP was aware and could respond to any additional needs the patient and their family might have.

The areas where the provider should make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Review fire evacuation arrangements for patients accessing treatment rooms on the first floor who may need assistance.
- Review systems for monitoring staff training to reduce the potential for gaps.
- Review policies and procedures to ensure they are practice specific.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes for many conditions were below average for the locality and compared to the national average. The practice explained that they had experienced a sudden rise in patient numbers following the closure of the practice and redevelopment in the local area which had impacted on QOF performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to support service improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked effectively with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. 92% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.

Summary of findings

- Patients were positive about the care and treatment they received, they said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment. Consultations with GPs and nurses were also rated highly in the National GP Patient Survey.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was working with other organisations to improve support patients received. For example, in the care of patients with dementia.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice engaged with the their local Clinical Commissioning Group and practices within their locality to secure improvements for their population.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was accessible to patients with mobility difficulties.
- The latest National GP Patient Survey rated access to appointments as comparable to other practices and in some cases above national and local averages. However, several patients raised with us that they found it difficult getting through on the phone.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by the GP partners and management. The practice had a number of policies and procedures to govern activity although these were not all practice specific.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care and management of risks to service delivery.
- 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 managing safety incidents.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement.

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 is rated as good for the care of older people.

- The practice had experience a sudden growth in the population list size which provided some explanation to the lower than average nationally reported outcome scores.
- Nationally reported data for 2014/15 showed performance against CCG and national averages were slightly lower for patient outcomes for conditions found in older people. For example, diabetes, stroke and chronic obstructive pulmonary disease.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was below the CCG and national averages
- The practice held weekly meetings to discuss all unplanned admissions and offered reviews to those patients to reassess their care needs.
- The practice held regular multi-disciplinary team meetings with district nurses, palliative care nurses and case managers to meet the needs of those at the end of life.
- Home visits were offered to those whose health prevented them from attending the surgery.
- Flu vaccinations and health reviews were also carried out at home by a practice nurse for those who were housebound.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

Good



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

- Nationally reported data on patient outcomes was generally lower than local and national averages for long term conditions. The practice had experience a sudden growth in the population list size which provided some explanation to these scores .
- Clinical staff held lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients were offered annual structured reviews of their condition to check their health and medicine needs were being met.

Summary of findings

- National reported data for 2014/15 showed performance for diabetes related indicators was at 73% which was lower than both the CCG average and national average of 89%.
- Longer appointments and home visits were available for those who needed them.
- The practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. We received positive feedback from the health professionals we spoke with.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who did not attend immunisations.
- Child immunisation rates were comparable to and in some cases higher than the CCG averages for standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 72% which was comparable with the CCG average of 74% and national average of 75%.
- The premises were accessible for pushchairs, baby changing facilities were available and appointments outside school hours.
- Baby health and post natal health checks were also provided at the practice.
- The health visitor held clinics at the practice.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice offered services that were accessible and flexible and offered continuity of care to this group of patients.
- The practice offered online services for booking appointments and ordering repeat prescriptions for patient convenience.
- Extended early morning appointments and evening appointments were available for those whose working or other commitments meant it was difficult to attend during the day.
- Travel vaccinations and advice was available at the practice.

Summary of findings

- A range of health promotion and screening was on offer to meet the needs of this patient group including NHS health checks, family planning and access to smoking cessation and health trainers to support healthier lifestyles.

People whose circumstances may make them vulnerable

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

Good



- The practice held registers of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice offered longer appointments for patients who needed them including patients with a learning disability. Patients with a learning disability were offered annual health reviews with the practice nurse.
- Patients with no fixed abode would be seen if they needed support.
- Onsite support was available for patients with drug addictions.
- The practice recognised the need for support for all patients at risk of domestic violence, men, women and children.
- 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.
- Support was available for those identified as carers. A carers pack which provided information about support was available to them. The practice also held carers support coffee mornings.

People experiencing poor mental health (including people with dementia)

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

Good



- National reported data from 2014/15 showed that 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 82% and national average of 84%.
- National reported data from 2014/15 showed performance against mental health related indicators was at 87% which was below the CCG average of 92% and the national average of 93%.

Summary of findings

- As part of a CCG led scheme, the Alzheimer's Society provided drop in services which coincided with dementia reviews. This enabled patients to gain assistance from a support worker who could give practical support and advice to patients with dementia and their families.
- Patients with poor mental health were offered annual reviews and those with long term conditions were assessed to identify the need for emotional support.

Summary of findings

What people who use the service say

Results from the national GP patient survey published in January 2016 showed the practice performing well against local and national averages. 296 survey forms were distributed and 100 (34%) were returned.

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 70%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 74% and a 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 36 comment cards which were all positive about the standard of care received. Patients rated the care and treatment they received highly and told us they found staff professional, friendly and caring. Difficulties getting through on the telephone was the only negative issue raised by patients.

We spoke with seven patients during the inspection. All said they were happy with the care they received, they felt listened to and were treated with dignity and respect.

The latest published data on NHS Choices for the friends and families test showed 94% of patients who responded said they would recommend the practice.

Leach Heath Medical Centre

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, a second CQC inspector and a practice nurse specialist adviser.

Background to Leach Heath Medical Centre

Leach Heath Medical Centre is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Leach Heath Medical Centre is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built accommodation. Based on data available from Public Health England, deprivation in the area served is slightly higher than the national average. The practice has a registered list size of approximately 9000 patients. The practice told us that their list size had increased by approximately 1000 patients over the last three years due to the closure of a nearby practice and redevelopment in the area.

The practice is open between 8.30am and 6.00pm Monday to Friday. Consultation times are 8.40am to 11.30am and 3pm to 5.50pm daily. Extended opening hours are on

Monday 6.30pm to 7.45pm and on a Thursday 7am to 8am and 6.30pm to 7.30pm. When the practice is closed during the out of hours period, between 6.30pm to 8am, primary medical services are provided by Primecare.

The practice currently has three GP partners (two female and one male), three salaried GPPs (two female and one male). Other practice staff consisted of a team of four practice nurses and two healthcare assistants (all female). There is a team of administrative staff which includes a practice manager and IT manager who support the daily running of the practice.

The practice became a teaching practice in May 2015 for medical students.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 5 February 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with four health and care professionals who worked closely with the practice.
- Spoke with members of the PPG.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 reporting and recording significant events.

- Staff told us they were encouraged to report incidents that occurred and would also notify the GP or practice manager immediately of any major incidents.
- The practice had introduced a new reporting format for incidents and significant events which enabled them to assess and score the level of risk. Reporting of incidents was done electronically on the practice's computer system.
- Practice champions had been identified to oversee the handling of significant events (this included a GP and a non-clinical member of staff).

We reviewed and discussed in detail four examples of significant events that had been reported. We found that there had been a thorough investigation and that there was evidence of action taken. Staff told us that lessons learnt were shared via emails or at staff meetings and more widely with other practices within the locality. A quarterly significant event meeting was held involving all practice staff to review incidents that had occurred and action taken.

Staff told us that safety alerts were disseminated to them via the practice manager and stored on the practice computer. Those relating to medicines were reviewed by the pharmacy advisor in conjunction with the practice.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice had a lead GP for safeguarding. Safeguarding policies were in place to support staff and contact details were displayed within the practice for reporting safeguarding concerns to the relevant agencies responsible for investigating. Staff demonstrated they understood their responsibilities in relation to safeguarding. We saw evidence that most GPs and nursing staff were trained to Safeguarding level 3. Alerts on the patient record system ensured staff were aware if a patient was at risk of harm.

- Notices were displayed throughout the practice advising patients that they could request a chaperone during their consultation, if required. Nurses and some reception staff usually acted as chaperones. Staff acting as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager advised us that non-clinical staff acting as chaperones had all undertaken training but was unable to verify this. Staff we asked were aware of their responsibilities.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who had received additional training for this role. Staff had access to appropriate hand washing facilities, personal protective and cleaning equipment. Cleaning was undertaken by an external provider and there were cleaning schedules in place for each room. Staff received infection control training as part of their induction. Infection control audits were undertaken three monthly to help maintain standards of infection control.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored when not in use. There were systems in place for checking the medicines and vaccines in stock were stored appropriately, were in date and fit for use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed the personnel files for three members of staff recruited within the last 12 months and one locum GP. We found appropriate checks in place for the locum GP. However, we identified some gaps in the recruitment checks for the three other staff. These included proof of identification, checks with appropriate professional bodies (where relevant). Risk assessments had not been undertaken for non-clinical staff in the absence of a DBS check. The practice manager told us that identification checks had been seen when applying for the DBS

Are services safe?

checks but this had not been recorded. Information relating to the clinical members of staff professional requirements were sent subsequently following the inspection. The practice also reviewed and sent us a copy of their updated recruitment processes for ensuring risk assessments were carried out to identify whether a DBS check was required for members of staff.

- Records were maintained for samples sent for the cervical screening programme so that nursing staff could check that results had been received and check that women who were referred as a result of abnormal results attended their appointments.

Monitoring risks to patients

Risks to patients were generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The premises appeared well maintained, the practice manager undertook checks of the premises on a weekly basis and recorded any maintenance issues. We saw evidence of this and action taken to address any issues identified.
- The practice had arrangements in place for a fire risk assessment to be carried out the week following our visit. The practice had an identified fire marshal and we saw that they and most practice staff had received training in fire safety within the last 18 months. There were records of fire drills having been carried out (the latest was in October 2015) and weekly fire alarm testing. Fire equipment was serviced regularly. We did however notice that there was no evacuation equipment for patients who were unable to use the stairs in the event of a fire. No risk assessment had been undertaken to mitigate this potential risk.
- Records seen showed that electrical equipment was checked to ensure the equipment was safe to use and

clinical equipment was checked to ensure it was working properly. These checks had been carried out within the last 12 months. We also saw that the lift had been serviced regularly.

- Other risk assessments in place included legionella and disability access assessments.
- Staffing rotas were in place to ensure enough staff were on duty. The practice manager told us that staff had increased their hours when needed to cover recent absences. Two regular locums were used to help cover for the GPs.

Arrangements to deal with emergencies and major incidents

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

- There was an alert system on the computers which alerted staff to any emergency.
- Staff received annual basic life support training.
- A defibrillator and oxygen were available in the event of a medical emergency. Checks were routinely undertaken to ensure the equipment was in date and ready for use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. A risk assessment had been undertaken to assess what drugs needed to be stocked. The emergency medicines were routinely checked to ensure they were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included alternative arrangements should the premises become inaccessible and emergency contact numbers.

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.

- Practice staff told us that they used evidence based templates for reviewing patients with long term conditions.
- Staff told us that new guidance would be discussed informally between the GPs and disseminated to relevant staff at practice meetings or through emails. Information was also received from the CCG pharmacist linked with the practice.
- We saw reference to NICE guidance in relation to clinical audits undertaken.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/15. This showed the practice had achieved 87% of the total number of points available, which was below the CCG and national average of 94%. Exception reporting by the practice was 7% which was lower than the CCG and national average of 9%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice was an outlier for QOF in relation to some of the diabetic and mental health indicators. Data from 2014/15 showed;

- Performance for diabetes related indicators was at 73% which was lower than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was at 80% which was lower than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 87% was below the CCG average of 92% and the national average of 93%.

Practice staff explained that a recent sudden rise in patients had impacted on the service when they took over another practice and due to redevelopment in the local area. We spoke with one GP about some of the areas in which the practice was performing less well for example, diabetic foot examination. The GP told us this was part of the examination and that the GPs were aware they needed to pick this up. The GP also told us one of the nurses had been trained but did not feel sufficiently confident to undertake this examination, so they undertook this assessment.

The practice provided us a summary of clinical audits undertaken to support quality improvement.

- There had been 10 clinical audits undertaken in the last 12 months, seven of these were completed audits where improvements made were implemented and monitored.
- We looked at two audits in detail, these included a medicines audit and an audit of the management of patients post myocardial infarction (heart attack) which demonstrated improvements in safer prescribing and management of patients.
- The practice participated in benchmarking exercises with other practices locally through the CCG. This had led to local practices working together to review and improve service delivery. For example, a shared strategy to better manage high levels of referrals to secondary care in the locality.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. This involved shadowing more experienced staff and regular meetings with the practice manager. We spoke with staff who had recently been through their induction who told us that they had felt well supported during this time.
- There was an induction pack for new and locum GPs which provided information to support them in their role.
- The practice staff received role specific training, for example, for the administration of vaccinations and taking samples for the cervical screening programme. Some of the nursing staff had undertaken some training

Are services effective?

(for example, treatment is effective)

in the management of long term conditions however, the GPs retained this function. Nursing staff told us that they regularly met with the GPs if they need to discuss anything.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and we saw examples of these. Staff were allocated time for training and attended appropriate networking forums to help keep up to date.
- Staff had access to and made use of e-learning training modules.
- Systems for monitoring staff training, for example, when it was next due and to ensure no staff were missed was not robust so there was the potential for gaps.

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.

- There were systems in place for managing patient information received such as hospital letters and test results, these were reviewed by the duty doctor on a daily basis and tasks allocated to the relevant clinician to action.
- The practice shared relevant information with other services for example special notes were sent to out of hours services to ensure they were aware of the needs of patients who may need to access the service.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

- We saw evidence that multi-disciplinary team meetings regularly took place with district nurses, case managers, palliative care nurses and health visitors to review the care needs of some of the most complex and vulnerable patients.
- Meetings held included monthly unplanned admissions, palliative care meetings and safe guarding meetings. We received positive feedback from other health and care professionals we spoke with who told us that the practice worked well with them to meet patient's 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.
- Staff we spoke with were also aware of guidance for assessing capacity to consent in children and young people.
- Minor surgery was undertaken at the practice. We saw evidence that formal written consent was obtained and advice given to patients about the risks and possible side effects. An audit undertaken confirmed that patients had received this information to enable them to make informed consent.

Supporting patients to live healthier lives

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

- These included patients with long term conditions and end of life care needs. Patients identified received regular review to help manage their condition.
- Patients requiring support and advice to lead healthier lifestyles could access smoking cessation and weight management services. Patients who would benefit would be referred to health trainers to support on physical exercise.
- Basic travel vaccinations were available from the practice.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 69% and the national average of 74%. The uptake of national screening programmes for breast cancer was also above the national average and bowel cancer screening was comparable with the national average for the practice population.

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 82% to 98% (compared to the CCG range from 80% to 95%) and five year olds from 91% to 98% (compared to the CCG range from 86% to 96%).

Flu vaccination rates for the over 65s were 67% which was below the national average of 73%, and at risk groups 40%

Are services effective?

(for example, treatment is effective)

which was also below the national average of 49%. The practice told us they had sought to undertake flu vaccinations at the diabetic clinics to improve uptake within the 'at risk' group.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Health checks for patients over 75 years were done opportunistically.

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.
- Waiting room chairs faced away from the reception desks to reduce the risk of conversations being overheard.
- Reception staff told us that they would use the manager's office or a free room if patients wanted to discuss anything in private.

As part of the inspection we received 36 patient comment cards and spoke in person to seven patients including two members of the practice's patient participation group. Feedback received from patients about the care and treatment they received was very positive. Patients said the staff were helpful, caring and treated them with dignity and respect.

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

- 94% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 95% said the GP gave them enough time compared to the CCG and national average of 85%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 82%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 77%.

- 90% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback received from patients obtained in person and from the completed comment cards told us they felt involved in decisions made about the care and treatment they received. Patients said they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions.

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 local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 81%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 74%.
- 74% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 67% and national average of 65%.

Staff told us that translation services were available for patients who did not have English as a first language. Staff knew how to access these services when needed.

Patient and carer support to cope emotionally with care and treatment

Information was available to support patients to access further support groups and organisations. The practice had signed up to provide enhanced services for facilitating timely diagnosis and support for patients with dementia. The practice was working closely with the Alzheimer's Society who could provide a range of emotional and practical support to the patients and their families with dementia. Patients were able to attend the fortnightly drop in session provided by the Alzheimer's Society which were co-ordinated with the dementia patient reviews undertaken by the GP. With patient agreement information gathered by the Alzheimer's Society support workers was shared with the GP to help improve care. We spoke with a one of the support managers who told us that the practice

Are services caring?

was very engaged and supportive of this project to improve the care for patient with dementia and their families. The project funded by the CCG had been running for approximately two months.

The practice had a carer's register and patients identified as carers were given a carers pack which contained written information about various support available to them. One of the reception staff ran a monthly carers' coffee morning to offer respite and support.

Staff told us that a letter would be sent to families who suffered a bereavement and if needed would be referred to appropriate services for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and other practices locally to plan services and to improve outcomes for patients in the area. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered extended opening hours on a Monday and Thursday for working patients or those with other commitments who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Those with a learning disability were offered patient passports which enabled important information to be documented. The patient could record their likes and dislikes so that they could be taken into account should they be admitted to hospital or move between services.
- Home visits were available for patients whose health prevented them from attending the surgery. This included access to vaccinations and health reviews.
- Same day appointments were available for those with urgent needs.
- The practice was accessible to patients with a disability, there was space for wheelchairs and a large porch for mobility scooters. Lift access enabled patients to access treatment rooms on the first floor. However, the doors were not automated and the reception desk was too high for patients who used a wheelchair to speak easily with reception staff. Staff we spoke with said they would stand or walk round to speak if faced with that situation.
- There was currently no hearing loop but we were told this was on order. Procedures for obtaining interpreter services were available to staff and we were given examples of when they had been used.
- Baby changing facilities were available on the premises.
- On-line services for appointments and repeat prescriptions were available for patient convenience. A self check in was also available avoiding the need for patients to queue for reception.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Consultation times were 8.40am to

11.30am and 3pm to 5.50pm daily. Extended surgery hours were offered on a Monday evening until 7.45pm, Thursday morning from 7am and Thursday evening until 7.30pm. Patients were able to pre-book appointments up to one month in advance and urgent appointments were available the same day.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 70%.
- 42% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 33% and national average of 36%.

We saw that the next available routine appointments for a GP, nurse and phlebotomy were on the day of our inspection. Feedback from patients told us that the main frustration in relation to access was in contacting the surgery for an appointment. How this could be improved was being explored with the practice's patient participation group.

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 member of staff responsible for handling complaints in the practice.
- We saw that information was displayed in reception to help patients understand the complaints system. A complaints leaflet was available for patients to take away. This included details on independent support available to help them to make a complaint and how they could escalate their concerns if they were unhappy with the practice's response.
- A log was maintained of all complaints received and action taken so that their progress could be monitored and any themes or trends identified.

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

The practice had received eight complaints during the previous 12 months. We discussed some of the complaints

with one of the GPs who explained that there had been difficulties in managing expectations from some of the patients that had moved to this service following the closure of another practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

At the start of the inspection the partners gave a presentation telling us how they aimed to promote good outcomes for patients and future plans for the service. Although there was no formal written strategy staff were aware of some of the long term issues that may impact on the service which included rising list size due to redevelopment in the local area.

The practice was currently in discussions to form a larger partnership with other practices locally in which central functions could be shared. They were also aware they needed to look at succession planning for the future management of the practice.

We saw that staff demonstrated values that were caring and sensitive to the needs of patients and that the practice proactively worked with other organisations and providers to enhance the range of services available.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. We found:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Policies and procedures were in place and available to staff but these were not always practice specific.
- Practice performance was understood and staff were actively working to improve.
- Clinical and internal audits were used to monitor quality, reflect on practice and to make improvements.
- Various meetings were held on a weekly and monthly basis to ensure important information was discussed with staff. However, the minutes from the meetings did not show these were well structured, there were no standing agenda items and action required were not clearly documented for ease of follow up and to ensure actions were not missed.

Leadership and culture

The partners were visible in the practice. Staff told us they felt supported by the partners and other senior staff. They

found them approachable if they needed to discuss anything. The practice manager told us that they operated an open door system in which patients and staff could discuss any issues they had.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. We were told that if a patient was affected by an unexpected or unintended safety incident that they would be informed and have the opportunity to discuss this with staff. The practice had recently responded to some of the comments that had been left on the NHS Choices about the service. A PPG member told us that they were also invited to attend their ACE appraisal with the CCG to discuss the practice's performance.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly. They told us that they felt valued and listened to when they made suggestions for improvement. For example, changes to the layout of the waiting room. We saw evidence that patients had been asked about their preference to extended opening hours and a recently recruited GP had enabled the practice to deliver this. The practice had also discussed the recent finding from the latest National Patient Survey to identify how they could improve.
- The practice gathered feedback from staff through appraisals and staff meetings. Staff told us they were happy to raise and discuss any concerns or issues with senior staff if they needed to.

Continuous improvement

The practice was keen to explore opportunities to improve. They were involved in a number of projects and pilot schemes to improve services patients received. This included: working with the Alzheimer's Society to better support patients diagnosed with dementia; an ambulance

Are services well-led?

Good 

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

triage scheme in which GPs could provide advice to paramedics and support patients as an alternative to accident and emergency and a new scheme to triage referrals to secondary care to reduce unnecessary referrals.

The practice had recently established itself as a teaching practice for medical students.