

Dr Waddell and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Waddell and Partners on 14 April 2016. Overall the practice is rated as good.

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

- The practice was located in one of the most deprived areas in the country, it had a predominantly younger and cultural diverse population which created a challenge to the practice.
- 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 were generally well managed but sometimes lacked the detail needed for staff to follow and did not include robust recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment. Data showed positive outcomes for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they experienced difficulties accessing the service in particular getting through on the phone. The practice had recently installed a new telephone system which they hoped would improve the situation.
- Patients were usually able to get an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and 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.

Summary of findings

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

The areas where the provider should make improvement are:

- Review risk assessments in place to ensure they provide sufficient detail for staff to follow and effectively manage risks.
- Review exception reporting where it is high to identify the reasons for this and implement any action as appropriate to improve patient uptake.

- Review and monitor access to appointments to evaluate changes implemented and identify any further action required to improve patient satisfaction.
- Review responses to complaints to ensure they are sensitive to the concerns of patients.
- Review and implement ways in which the identification of carers might be improved so that they may receive support.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed and received an apology.
- The practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of recruitment checks.
- Risks to patients were assessed and were generally well managed but sometimes lacked detail. This would make it difficult for any new members of staff to continue and mitigate risks to the service.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to CCG and national averages, although exception reporting was also higher.
- Uptake of national screening programmes and immunisation programmes were below CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some quality 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 with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care.

Good



Summary of findings

- 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. A new telephone system had been implemented following concerns from patients.
- Patients said they usually found it easy to make an appointment with a named GP which enabled continuity of care, with urgent appointments available the same day.
- Data available from through the national GP patient survey and the practice's own in-house patient survey showed a mixed picture in relation to patient satisfaction with opening hours.
- 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure, staff felt supported and were clear about their roles and responsibilities.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and manage risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. Where appropriate the practice had shared notifiable safety incidents with other agencies.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice supported the personal development of staff to deliver the service.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those with complex care needs.
- The practice worked as part of a multidisciplinary team to support those with complex and end of life care needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was accessible to those with mobility difficulties.
- The practice undertook weekly visits to a local nursing home. Feedback on the support provided was positive.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients received regular review of their condition. The practice provided dedicated clinics for patients with diabetes, respiratory conditions and coronary heart disease.
- Performance for diabetes related indicators was 97% which was higher than both the CCG average and national average of 89%. However there were also higher exception reporting levels.
- 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 for those with complex health care needs.
- The practice provided in-house diagnostic and monitoring services for the convenience of patients. Including spirometry, electrocardiographs, 24 hour ambulatory blood pressure monitoring.
- The practice had a high prevalence of diabetes and proactively supported patients newly diagnosed with type 2 diabetes through monthly in house training and education clinics.

Good



Families, children and young people

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

Good



Summary of findings

- The practice had a predominantly young population.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Regular meetings took place with the health visitor.
- Nationally published data available for immunisation rates for standard childhood immunisations were comparable to the CCG averages for under two year olds but slightly lower for the under five year olds. More recent data provided by the practice showed the practice was meeting childhood immunisation targets.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. Priority was given to children to be seen the same day if needed and open access child surveillance clinics operated from the premises once a week.
- Appointments were available outside of school hours and the premises were suitable for children and babies including a breast feeding friendly service.
- The practice's uptake for the cervical screening programme (2014/15) was 77%, which was below the CCG average of 79% and the national average of 82% with higher exception reporting. The practice had dedicated administrative support to remind and follow up patients who did not attend for their cervical screening test before exempting. Practice data for cervical screening 2015/16 showed improvements with 84% of patients screened in the last 5 years.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services for appointments and repeat prescriptions.
- A text message service was used to remind patients of appointments and to make it easier to cancel.
- Health promotion and screening services were available that reflected the needs of this age group.
- Sexual health and family planning services were available for registered and non-registered patients.

Good



Summary of findings

- The practice did not offer any extended opening hours for the convenience of patients who worked during the day although staff said they would try and be flexible and see patients outside of clinic times if patients were otherwise unable to attend.

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 for example, those with a learning disability and carers. Patients with no fixed abode were also able to register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice provided information to patients such as carers about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were utilised for patients whose first language was not English and some of the staff were able to speak more than one language. However, written information in languages other than English was not routinely available.

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 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 82% and national average of 84%.
- National reported data from 2014/15 showed performance against mental health related indicators was 100% which was above the CCG average of 92% and the national average of 93%. However the practice also had high levels of exception reporting.
- The practice offered depot injections for the convenience of patients, avoiding the need to attend hospital for this.

Summary of findings

- Longer appointments were available for undertaking mental health reviews.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 showed the practice was performing in line with local and national averages in relation to the quality of consultations but below national and local averages in relation to access. 412 survey forms were distributed and 117 (28.4%) were returned. This represented 1% of the practice's patient list.

- 20% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were mostly positive about the standard of care received. Patients were complimentary about the staff, describing them as friendly and caring and said that they felt listened to.

We spoke with 13 patients during the inspection. Patients said they were happy with the care they received. The main concern raised by patients was being able to get through on the phone, although some patients felt this had improved recently.

Dr Waddell and Partners

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 advisor, a practice manager specialist advisor and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Dr Waddell and Partners

Dr Waddell and partners practice (also known as Yardley Green 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.

The practice 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 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.

The practice is located in an urban area of Birmingham in a purpose built health centre. Based on data available from Public Health England, the area served is within the top 10% most deprived areas nationally. The practice has a younger population than the national average and is ethnically diverse. The practice has a registered list size of approximately 11,000 patients.

Practice staff include 6 GP partners (4 male and 2 female), 4 practice nurses, 1 health care assistant, a practice manager and a team of administrative staff.

The practice is open from 8.30am to 6.45pm daily with the exception of Wednesday when the practice closes at 1pm. Appointments are available between 8.30am to 11.20am and 3pm to 5.40pm. When the practice is closed the practice has arrangements with another out of hours provider to provide primary medical services (BADGER). The practice does not offer extended opening hours.

The practice is a training practice for qualified doctors training to become GPs.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016.

During our inspection we:

Detailed findings

- 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 health and care professionals who worked closely with the practice.
- Spoke with members of the practice's Patient Participation Group.
- 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 were aware of the processes for reporting and recording incidents and were able to provide examples where they had done this.
- We saw evidence that when a patient had been affected by an incident they received an apology.
- The practice carried out a thorough analysis of the significant events and we saw examples of detailed investigations and notification of incidents to appropriate agencies.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Incidents and any learning was discussed and shared with staff at the practice's weekly clinical meetings and bi-monthly significant event meetings and with other practices through the local clinical network. There had been 31 incidents discussed at these meetings over the last 12 months. We saw evidence of action taken in response to incidents to improve safety in the practice.

The practice had systems in place to ensure safety alerts received were acted upon as required and we saw a number of examples where action had been taken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, improvement was needed to ensure robust recruitment checks were in place:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff were supported so that they would know what to do if they had any concerns that someone may be at risk of harm. Safeguarding policies were accessible to all staff. Information about who to contact for further guidance was displayed in clinical rooms. There was a lead GP for safeguarding and staff knew who this was if they needed support. Staff we spoke with demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults

relevant to their role. We saw examples of recent referrals involving both children and adults. GPs and nursing staff were trained to child safeguarding level 3 and non-clinical staff had completed level 1 training.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones included nursing and non-clinical staff. All staff who acted as chaperones were trained for the role but only clinical staff 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). Following our inspection, the principal GP told us that all staff involved in chaperoning duties would now have a DBS check in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We found the premises to be visibly clean and tidy and staff had access to appropriate hand washing facilities and personal protective equipment. Cleaning schedules were signed to show the cleaning had been done. We saw evidence that carpets had recently been deep cleaned however there were no clear guidelines or records indicating how frequently these should be done. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies in place which were currently being reviewed by the infection control lead to ensure they were still current. Staff had received on-line training in infection control. The practice had recently received an infection control audit through the CCG (in February 2016) and were able to demonstrate action that had been taken in response to the audit such as the installation of wall mounted soap dispensers and implementation of equipment cleaning schedules.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of patients on high risk medicines who required routine monitoring. The practice carried out prescribing audits and worked with the CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Medicines prescribing was comparable to

Are services safe?

other practices nationally in areas such as non-steroidal anti-inflammatory and antibiotics prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice told us that they had some controlled drugs (medicines that require extra checks and special storage because of their potential misuse) but these were awaiting an appropriate witness so that they could be destroyed in the meantime they were securely stored.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional. All clinical staff had received DBS checks however, DBS checks were not routinely carried out for non-clinical staff. A generic risk assessment had been undertaken to indicate that they were not required for non-clinical staff but this was not based on individual roles and responsibilities and had little detail as to how the decision had been made.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The premises appeared well maintained and risk assessments were in place although these were not always sufficiently detailed to ensure any new staff would be able to easily pick up actions required.
- The practice had up to date in-house fire risk assessments and had carried out regular fire drills and alarm tests although, not all staff could recall undertaking a fire drill.

- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Checks had been carried out within the last 12 months.
- Other risk assessments in place to monitor safety of the premises included the removal of looped blind cords and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The number of staff on leave at any one time was limited to enable cover during periods of absence rather than use locum staff. There was a rota system in place for non-clinical staff who were trained in different roles so that they were able to support each other when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant alert system in the consultation and treatment rooms which alerted staff to an emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records were maintained of checks undertaken to ensure the equipment was kept in working order.
- Emergency medicines were stored securely and were easily accessible to staff when needed. Staff we spoke with knew of their location. All the medicines we checked were in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for services but did not include staff contact details. Copies of the plan were kept offsite by partners and managers should the building become inaccessible. The practice had recently experienced a power cut which they had successfully managed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- NICE and other guidance was discussed at the weekly clinical meeting to help keep staff up to date and informed.
- The practice monitored that these guidelines were followed through audits and checks of patient records.
- The practice told us how a diabetes specialist consultant attended the practice every couple of months to support the management of high risk patients.

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 99% of the total number of points available, which was above the CCG average of 94% and national average of 95%. Exception reporting by the practice was 18% which was higher 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 medicine cannot be prescribed due to a contraindication or side-effect.

This practice was not an outlier for any QOF (or other national) clinical targets. However, we identified some indicators including mental health, asthma, chronic obstructive pulmonary disease and cervical screening in which exception reporting was significantly higher than the CCG and national averages. The practice told us that they were not sure why this was but did follow guidance in which patients were issued with three letters to attend and

if they failed to respond they were exception reported. We saw examples where this had been the case. However, in two of the examples seen we noticed that the patients first language was not English but letters sent were, no provision was made for this or system to flag whether patients may be able to understand the letter they received or had support to do so.

QOF data from 2014/15 showed;

- Performance for diabetes related indicators was at 97% which was higher than both the CCG average and national average of 89%. Exception reporting was also higher.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was similar to the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 100% which was above the CCG average of 92% and the national average of 93%. Exception reporting was also higher.

There was evidence of quality improvement including clinical audit.

- The practice showed examples of four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, improvements in safer prescribing.
- The practice also participated in local audits and benchmarking activities through the CCGs Aspiring to Clinical Excellence programme.

Effective staffing

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

- The practice had a stable workforce and many of the staff had worked at the practice for a number of years, helping to support continuity of care.
- The practice had an induction programme for all newly appointed staff which was role specific and lasted for three months but longer if needed. The induction covered a period of mentoring and access to online training which included a wide range of topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff, reviewing patients with long-term conditions, had received advanced training in areas such as diabetes and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw evidence that staff attended update sessions to help them stay up to date with any changes.
- Staff received annual appraisals through which they had opportunities to raise any learning needs. Staff we spoke with told us that the practice was supportive of training and that they were given protected learning time for this.
- Staff were required to undertake the practice's mandatory training which included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training to enable them to do this.

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.

- Practice staff told us that they were up to date with processing patient information received so that it was available to clinical staff.
- The GPs operated a buddy system to manage patient information such as test results and hospital discharge letters in their absence.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services or the out of hours providers to support the continuity of care

Staff worked together and with other health and social care professionals to assess and plan ongoing care and treatment for some of the practice's most vulnerable patients. Regular meetings took place with health care professionals such as district nurses and health visitors to discuss and review the care of patients with complex health and end of life care needs. Our discussions with healthcare professionals told us that there were good working relationships in place to support these patients.

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 and told us that they had received some training in this area.
- Staff also demonstrated an understanding of consent when providing care and treatment for children and young people.
- We saw evidence of written consent obtained for the fitting of intra uterine devices and contraceptive implants carried out at the practice.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those with complex care needs and risk of hospital admission and those at risk of developing a long-term condition.
- The practice offered family planning and contraception under the Umbrella scheme for patients registered and non-registered patients. The Umbrella scheme aims to improve access and outcomes for patients in sexual health.
- Other services provided included in-house smoking cessation and referrals for patients requiring dietary advice.

The practice's uptake for the cervical screening programme during 2014/15 was 77%, which was slightly below the CCG average of 79% and the national average of 82%. The practice also had higher rates of exception reporting than the CCG and national averages. The practice told us that there was dedicated administrative support to remind and follow up patients who did not attend for their cervical screening test. Patients received three follow up letters before being excepted. More recent data from the practice showed that cervical screening performed in the last 5 years was 84%. No specific systems were in place to ensure results were received for all samples sent. Nursing staff told us that patients were asked to contact the surgery if they did not receive their letter.

The practice encouraged its patients to attend national screening programmes. For example, a poster was

Are services effective? (for example, treatment is effective)

displayed in waiting area to encourage patients to attend breast screening. However uptake for bowel and breast cancer screening was also lower than CCG and National averages.

Childhood immunisation rates for the vaccinations given (2014/15) were slightly lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 96% (compared to the CCG range from 80% to 95%) and

five year olds from 78% to 92% (compared to the CCG range from 86% to 96%). We discussed the uptake rates with the practice who were able to provide their last two quarterly reports (December 2015 and March 2016), these showed the practice was meeting 90% target rates for all childhood immunisations.

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.

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.
- Staff were mindful of maintaining patient confidentiality. Music was played in the waiting area and patients were asked to maintain a distance at reception to help reduce the risk of conversations being overheard. Telephone calls were also taken away from the front desk. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. A key pad system minimised the risk of unauthorised access during a consultation.
- A designated area away separated from the main reception provided a private space for patients to discuss their needs.

We received positive feedback from patients through the 26 completed CQC comment cards we received and 13 patients (including two members of the patient participation group) we spoke with as part of our inspection. Patients were happy with the care and treatment they received. They described the staff as friendly and caring and said that they felt listened to.

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. Practice results were comparable to CCG and national averages in most areas. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88 and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG of 86% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to national average of 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 78% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

We asked about the areas in which the practice had performed less well for example, helpfulness of reception staff. The practice had undertaken an in-house patient survey in 2015 and found of the 98 respondents 96% had found receptionists helpful.

Care planning and involvement in decisions about care and treatment

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

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 particularly for nursing staff. Results were in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Although we did not see any information displayed in languages other than English, we saw that staff regularly accessed translation services to support those who did not have English as a first language to be involved in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (approximately 0.5% of the practice list). The number of carers identified may be a reflection of the population. A dedicated notice board was prominently placed in the waiting area which identified avenues of support available to carers.

The practice told us that they had achieved 74% (the highest score within their local clinical network) from

patients who said that in the last six months they had enough support to manage their long term condition (National Patient GP Survey, published January 2016). Results for the CCG was 63%. Monthly diabetes training support was available at the practice for patients with diabetes to help them become more confident in managing their condition.

Staff told us that if families had suffered bereavement, their usual GP contacted them. A reflective audit had been undertaken to identify how deaths at the practice had been managed and practical advice was available on the practice website to family and carers in the event of a death.

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.

- Longer appointments were available for patients with who needed them.
- Home visits were available for patients whose clinical needs made it difficult for them to attend the practice.
- Same day appointments were available. Staff told us that children and elderly patients would be always be seen the same day.
- Although the practice did not provide extended opening staff told us that they would see patients outside designated clinic times if needed.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately with the exception of Yellow Fever. Staff were able to advise patients of other clinics where they could receive this.
- The practice made use of translation services available for patients whose first language was not English. Some of the practice staff also spoke additional languages to English.
- The practice was accessible to patients with mobility difficulties. For example, consulting and treatment rooms were situated on the ground floor and a low level area at the reception desk made it easier for patients who used a wheelchair to speak with reception staff.
- No hearing loop was available on site.
- Baby changing and breast feeding friendly service was offered.
- In-house diagnostic and monitoring services including ECG, spirometry and ambulatory BP monitoring were available for the convenience of patients so that they did not have to travel for these services.
- Sexual health services were available to registered and non-registered patients.
- As well as dedicated clinics for patients with long term conditions, monthly in-house training clinics were provided to support diabetic patients manage their condition.

Access to the service

The practice was open from 8.30am to 6.45pm daily with the exception of Wednesday when the practice closed at 1pm. Appointments were available between 8.30am to 11.20am and 3pm to 5.40pm. When the practice was closed there were arrangements with another out of hours provider to provide primary medical services. The practice did not offer extended opening hours.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, same day appointments were available including urgent appointments. Patients could also obtain sit and wait appointments. At the time of the inspection the next available routine GP appointment was in 5 working days.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages with the exception of patients who found it easy to make an appointment with a named GP.

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 20% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 38% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36%.

We discussed these scores with the practice manager who told us that their own patient survey had indicated patients were satisfied with the practice's opening times. 92% of patients in 2014 and 94% of patients in 2015 said they were satisfied with the practice's opening hours. Each of the six partners worked full time (9 sessions per week) which helped provided continuity of care and providing 980 appointments and would accommodate patients outside clinic hours if they were unable to attend within the designated clinic times. Information about the number appointments where patients had not attended was displayed in the waiting room to encourage patients to cancel appointments that were no longer needed. A texting system recently introduced enabled the practice to remind patients of their appointments and made it easier for patients to cancel.

Are services responsive to people's needs?

(for example, to feedback?)

Practice staff also told us about action taken in response to the difficulties patients experienced getting through on the telephone to make an appointment. The practice had recently installed a new telephone system in February 2016 in response to problems identified with their old system that the previous telephone provider had failed to adequately address. The new telephone system enabled staff to monitor how long patients were waiting for their call to be answered and previous problems with patients not getting through had now been resolved. We noticed that there was a long patient queue for reception when we arrived. Practice staff told us that patients came into the practice to make an appointment due to difficulties with the old telephone system but hoped as confidence increased with the new telephone system the queues might reduce. We saw that the practice was also encouraging patients to use the on line booking system with information available at reception for patients to do this. Other action taken by the practice to improve telephone access included delaying the prescription line until later in the morning to free reception staff to take calls for appointments.

Several patients told us on the day of our inspection that although they had found it difficult to make an appointment in the past they felt the situation was now improving.

Listening and learning from concerns and complaints

The practice had an adequate 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.
- Information was available to help patients understand the complaints system. A notice was displayed in the waiting area but was not easy to find. A complaints leaflet was also available at reception on request which contained information about support available for making complaints and who patients could escalate their concerns to if they were unhappy with the practice's response.

The practice had received 13 complaints within the last 12 months which included verbal and written complaints. We reviewed some of those in detail, although these were appropriately managed and investigated in a timely way we found that the tone of the responses was not always sensitive to the concerns of the complainant.

We saw minutes of meetings where complaints had been discussed to identify any learning from them. The telephone system had been the main cause of complaint.

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 principal partner gave a presentation and spoke about the ethos of the practice. They told us how they were committed to employing partners rather than salaried or locum GPs and how there was generally a low staff turnover which support consistency of care and good outcomes for patients.

The practice's mission statement was displayed in the waiting area.

The practice had carried out a business planning meeting in the last 12 months to discuss their plans for the service.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical staff had lead roles and received training for them.
- Practice specific policies were implemented and were available to all staff.
- The practice routinely reviewed their performance against QOF and the CCGs ACE programme at the partners' clinical meetings. There was a dedicated member of staff who managed the practice's performance against QOF.
- The practice made use of clinical and internal audit to monitor quality and make improvements.
- There were robust arrangements for identifying, recording and managing risks, but sometimes risk assessments lacked the detail about the issues and mitigating actions. We identified weaknesses in the recruitment checks.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and took the time to listen to members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and we saw an example where appropriate agencies had been informed when things had gone wrong. We also saw:

- An example where the practice had explained and apologised to a patient following an incident.
- The practice kept written records of verbal interactions as well as written correspondence when patients raised concerns.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular meetings which involved all of the staff groups.
- Staff described an open culture within the practice in which they had the opportunity to raise any issues they wanted to discuss and felt confident and supported in doing so.
- There was a whistle blowing policy in place but staff told us they had not had cause to use it.
- Staff said they felt respected, valued and supported, by the partners and managers in the practice.

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 annual in-house surveys and their patient participation group (PPG) which met on a quarterly basis. Membership of the PPG was limited to four active members and the practice was promoting the group through information displayed in the waiting area. Members of the PPG told us about some of the changes that had been made as a result of patient feedback including the new telephone system and changes to the music played in the waiting room.
- The practice gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they felt listened to and were able to give examples where this had been the case and changes made as a result.

Continuous improvement

Are services well-led?

Good 

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

The practice was supportive of staff in their personal development . All GPs worked every day which provided opportunities to network and for them to discuss and share best practice and supported their mission to provide continuity of care.

The practice was a training practice for qualified doctors training to become GPs.

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	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>DBS checks or appropriate risk assessments were not in place for all non-clinical staff including those undertaking chaperoning duties.</p> <p>Regulation 19 (1)(a) (3)(a) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	