Crabbs Cross Surgery

Quality Report

38 Kenilworth Close
Crabbs Cross
Redditch
Worcestershire
B97 5JX
Tel: 01527 544610
Website: www.crabbscrosssurgery.nhs.uk/

Date of inspection visit: 25 November 2015
Date of publication: 18/02/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crabbs Cross Surgery on 25 November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. We saw evidence where significant events and complaints were discussed and saw examples of changing practice in response to these. Risks to patients were assessed and well managed with the exception of a legionella risk assessment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.
- Patients described staff as compassionate, caring and respectful.

However, there were also areas of practice where the provider needs to make improvements.

The provider must:

- Carry out a Legionella risk assessment

The provider should:

- Review staff files to ensure all documentation required under current legislation is recorded.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff knew their responsibilities to act on concerns and report all incidents and near misses. We saw detailed records of these which showed that lessons were learned when things went wrong and changes made. Risks to patients were assessed and well managed. We did, however, note that a legionella risk assessment had not been carried out. Legionella is a bacteria which can contaminate water systems in buildings.

Are services effective?

Good

The practice is rated good for providing effective services. National patient data showed that the practice was above average for the locality on the whole. Staff routinely managed patients according to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff had received training appropriate to their roles. Staff routinely worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated good for providing caring services. Patients felt involved in their care and treatment and described staff ascompassionate, caring and respectful. Patient information was easy to understand and accessible to patients. We saw staff treated patients with dignity and respect.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. The practice responded to the needs of its local population and engaged well with Redditch and Bromsgrove Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice had good facilities and was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed. We did, however, find that the practice did not signpost patients to advocacy services or the ombudsman when patients raised complaints.

Summary of findings

Are services well-led?

Good

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a programme of continuous clinical and internal audit. There was a clear leadership structure and staff felt supported and valued. The practice had a number of policies and procedures to govern activity.

The practice proactively sought feedback from staff and patients, which it acted on and had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

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. Patients over the age of 75 were sent a letter and information pack informing them of their named GP who was responsible for their overall care. The pack included information regarding local services and activities in the area such as AGE UK, an exercise pamphlet, alcohol and smoking information where relevant and an invitation for a health check.

If patients had not been seen for twelve months they were invited for an annual health check and offered a home visit if they did not wish to attend the practice.

Patients who were housebound were offered home visits. The practice ensured all older patients were offered vaccinations for which they were entitled to including seasonal flu, pneumococcal and shingles.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. People with long-term conditions were regularly offered reviews as part of the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions such as diabetes and implementing preventative measures. The results are published annually. Those patients considered at high risk of needing hospital admission had been coded on the computer system appropriately so that staff were aware they could be offered a same day contact with the GP. Those considered as vulnerable had notes highlighted with an alert.

The practice offered Insulin initiation with ongoing support and offered diabetic patients enrolment to the Mapmydiabetes online module. This is recognised as an accredited online structured education programme for patients with Type II diabetes and is being rolled out in the local CCGs. Longer appointments were available for patients with asthma, Chronic obstructive pulmonary disease (COPD). COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.

The practice participated in regular updates for end of life care, asthma, COPD, heart disease and diabetes. They held regular reviews of palliative care patients.

Summary of findings

The practice offered flu and pneumococcal vaccines to all patients with long term conditions.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice offered same day appointments for children if parents were concerned. The practice offered late afternoon appointments for children to be seen after school.

The practice provided maternity advice, immunisations, child health surveillance and a childhood vaccination programme from birth to school age, and had regular contacts and meetings with the health visitors. The practice held regular child protection and safeguarding training updates.

The practice encouraged online access and self-help advice was available on the practice website so that families in needs could access Child and Adolescent Mental Health Services (CAMHS). This is a specialist community NHS service that provides support to children and young people (and their families) who have emotional and mental health problems.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). They offered extended hours (Monday evenings and Saturday mornings) and encouraged online services and telephone triage as well as electronic prescription services .Some patients were offered email communication where appropriate as well as lunch time appointments if needed.

The practice also offered NHS health checks to patients between the age of 40 and 74 who had not had a cholesterol check within the previous 5 years. The practice offered travel advice and a travel vaccination service.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Those considered as vulnerable had an alert in their electronic records so that staff were aware and they could be offered a same day contact with a GP.

The practice had a register for patients with a learning disability and offered a yearly health check. Various accessible leaflets were available from Worcestershire County Council for this group of patients such as information about health checks and smear tests.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice offered patients annual physical health checks and those experiencing poor mental health had an alert in their electronic records so that staff were aware and they could be offered a same day contact with a GP.

Staff have received training in safeguarding and the Mental Capacity Act (2005). They encouraged online access to self-help such as Healthy Minds. Healthy Minds is an NHS primary care psychological therapies service that works closely with GPs for patients.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line or above local and national averages. There were 100 responses and a response rate of 34%. For example:

- 88.5% found it easy to get through to this surgery by phone which was above the CCG average of 78.3% and the national average of 74.4%.
- 95.5% found the receptionists at this surgery helpful which was above the CCG average of 87% and the national average of 86.9%.
- 95.9% said they were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 87.3% and the national average of 85.4%.
- 91.1% said the last appointment they got was convenient which was in line with the CCG average of 91.5% and the national average of 91.8%.
- 81.7 % described their experience of making an appointment as good which was above the CCG average of 76.1% and the national average of 73.8%.
- 73.6% said they usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 61.2% and the national average of 65.2%.
- 66.2% felt they did not normally have to wait too long to be seen which was above the CCG average of 54.7% and the national average of 57.8%.
- 64% said they usually got to see or speak with their preferred GP which was above the CCG average of 55.8% and the national average of 60.5%.

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 all positive about the standard of care received. Patients described staff as compassionate, caring and respectful.

Areas for improvement

Action the service MUST take to improve

- Carry out a Legionella risk assessment.

Action the service SHOULD take to improve

- Review staff files to ensure all documentation required under current legislation is recorded

Crabbs Cross Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Crabbs Cross Surgery

Crabbs Cross Surgery is based in Redditch. The practice started in 1982 as a single handed practice. The current surgery premises was built in 1987. The practice offers a wide range of services to their patients such as child health surveillance, women's health and family planning as well as asthma, diabetes and health promotion. The current practice list size is 4477 patients.

The practice has two GP partners (one male and one female). The practice is looking to appoint a salaried GP. The practice has two practice nurses, a healthcare assistant and a phlebotomist (someone who takes blood).

The clinical team are supported by a practice manager and a team of reception staff. The practice has a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care.

The practice is open between 8.30am and 6.30 pm Mondays to Fridays. Appointments are from 8.30am to 1pm every morning and 3pm to 6.30pm every afternoon. The practice offers extended hours on Monday evenings until 7.30pm and appointments on Saturdays from 8.30 to 9.30am.

The practice does not provide an out of hour's service to its own patients but provides information about the telephone numbers to use for the out of hours GP provider (NHS 111). The local out of hours GP is based at the Alexandra Hospital in Redditch.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before the inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove 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. We carried out an announced inspection on 25 November 2015. We sent CQC comment cards to the practice before the inspection and received 26 comment cards giving us information about these patients' views of

Detailed findings

the practice. During our inspection we spoke with a range of staff including GPs, the practice nurse and administrative staff and with patients who used the service. We observed how people were being cared for during the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice prioritised safety and reported and recorded significant events. Staff reported all incidents to the practice manager who then documented them appropriately. In the absence of the practice manager the GPs dealt with significant events. The incidents were discussed at fortnightly meetings between the practice manager and two GPs. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed and saw evidence of changing practice in response to these. For example, as a result of an incident where some paperwork from a different patient was accidentally given to another patient the practice changed their system for the collection of patient correspondence. The practice shared another example where a patient had sustained an injury when a member of staff had left them unattended. This also resulted in a change of procedure where patients were never left unattended. The whole practice learned from this incident.

National patient safety alerts were disseminated by email to practice staff. The practice was able to share an example where doses of a particular medication were changed as a result of a national safety alert.

Overview of systems and processes

The practice had processes and practices in place to keep people safe, which included:

- The practice had systems to manage and review risks to vulnerable children, young people and vulnerable adults. One of the partners was the safeguarding lead for the practice. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible to all staff on their computer systems. There was a system to highlight vulnerable patients on the practice's electronic records. Staff shared an example where they were concerned about the safety and wellbeing of a child. Staff demonstrated multi-agency working to ensure that this child was made safe.
- There was a chaperone policy and information to tell patients the service was available was visible on the waiting room noticeboard, in consulting rooms and on the practice web site. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff (including non-clinical) staff at the practice had been trained to be a chaperone. All staff had received Disclosure and Barring Service (DBS) checks. 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.
- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and staff had completed online fire training. They also had an annual training session with fire safety colleagues who attended the practice to deliver training. The practice had fire risk assessments in place and held fire drills regularly. We did note that the practice had not carried a Legionella risk assessment and highlighted this at the time of our inspection. Legionella is the name of particular bacteria which can contaminate water systems in buildings. The practice provided evidence that this had been carried out following the inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence that the practice carried out regular infection

control audits. For example, as a result of the latest audit which was carried out in November 2015 the practice provided nappy bags to patients in the baby changing room. During the last infection control audit the practice felt that the chairs needed replacing and were in the process of obtaining quotations for this.

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment: for example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We did note that proof of identity was not available in all of the records we reviewed and this was highlighted to the practice at the time of the inspection. Following the inspection the practice confirmed that this had been addressed.

Arrangements to deal with emergencies and major incidents

All staff had received annual basic life support training. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was an oxygen cylinder and emergency medicine bag located in the treatment room. The expiry dates and stock levels of the medicines were being checked and recorded regularly by the practice nurses. This was also monitored by the practice manager. No medicines were stored in the GPs' bags.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice. The plan was available to all staff. Key members of the practice team held copies off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and one of the practice nurses were able to give a clear rationale for their approaches to treatment. Fortnightly meetings took place at the practice with the two GP partners and the practice manager and the latest clinical guidelines such as those from National Institute of Health and Care Excellence (NICE) were discussed. Our discussions with the GPs and nurses demonstrated that they completed thorough assessments of patients' needs in line with NICE guidelines and these were reviewed when considered appropriate.

The two GP partners had regular meetings with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to monitor their performance and see where they could improve their services. 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.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.3% of the total number of points available, with 6.6% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. QOF data from 2014/15 showed;

- Performance for diabetes related indicators was 93% which was above the CCG average by 1% and above the national average by 3.8%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%. This was 4.7% above the CCG average and above the national average by 6%.
- Performance for mental health related and hypertension indicators was 95.5% which was above the CCG average by 4.8% and above the national average by 6%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been two clinical audits completed in the last two years; both of these were completed audits where the improvements were implemented and monitored.

One audit had been carried out on the appropriate prescription of inhalers for children with asthma. This audit reinforced the importance of regular reviews and checks and the education of parents and GPs regarding the benefits of controlling asthma and stepping down treatment when appropriate. The second audit had been carried out on patients who had atrial fibrillation (AF) and were not on blood thinning medication. AF is an irregular heart rhythm which is a risk factor of strokes. This audit highlighted the importance of maintaining accurate records so that patients with AF could be monitored appropriately.

Effective staffing

We found that the lead GP and practice manager valued the importance of education and effective skill mix. The learning needs of staff were identified through a system of appraisals and meetings. All staff had annual appraisals. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they could approach the practice manager if there was a training course they were interested in or one they would benefit from. Administrative staff had protected time to undertake training. The GPs did their training in their own time but were allocated one week's study leave a year.

The practice had an up to date disciplinary procedure. The practice manager gave an example of where they had to performance manage a member of staff who subsequently resigned.

One of the practice nurses had undertaken a three month course on the management of leg ulcers at the University of Worcester. This had been funded by the practice and the learning was shared with the other practice nurse.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

The practice used electronic systems to communicate with other providers and to make referrals. Staff felt that the system was easy to use and patients welcomed the ability to choose their own appointment dates and times through the Choose and Book system. Choose and Book enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and x- rays were requested and the results were received online. When we inspected the practice this work was being undertaken by the GPs but they were actively recruiting for a new member of the administration team to help with this work.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to, or after they were discharged from hospital. The practice had a system in place to ensure a GP telephoned patients on the unplanned admissions register following discharge from hospital. The telephone call was often followed up with a visit. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The meetings involved GPs, district nurses, occupational therapist, health visitors and the practice manager.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Information about health conditions and self-care was available in the waiting area of the practice. The practice offered a full range of contraceptive services. Details about confidentiality were clearly advertised to reassure patients. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was above the national average by 1%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example;

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% which was comparable to the CCG average of 82% to 98%.

Rates for other vaccinations were:

- Flu vaccination rates for the over 65s was 79% which was higher than the CCG average of 73%.
- Flu vaccination rates for those patients in the at risk groups was 52% which was the same as the CCG average.

The practice provided appropriate health assessments and checks. For example, patients over the age of 75 years had annual health checks. The practice also carried out NHS health checks for people aged 40-74 years. The practice offered drug and alcohol cessation as well as smoking cessation. The practice also carried out retinopathy screening (eye screening as part of diabetes care).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was in line or above local and national average for its satisfaction scores on consultations with doctors and nurses for example:

- 94.7% said the GP was good at listening to them compared to the CCG average of 89.3% and the national average of 88.6%.
- 97.1% said the GP gave them enough time compared to the CCG average of 87.9% and national average of 86.8%.
- 98.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and the national average of 95.3%.
- 93.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85.1%.
- 92.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.4% and the national average of 90.4%.
- 95.5% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 86.9%.

We reviewed 26 CQC comment cards completed by patients prior to the inspection. Patients commented positively on the helpful way that staff treated them and complimented their professionalism. Patients we spoke with said that the GPs always had time to listen to them. We spoke with nine patients on the day of our inspection; this included three members of the patient participation group (PPG). A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care. All of the patients were satisfied with the care they received from the practice and commented that staff were compassionate, caring and respectful. Many of the patients we spoke with had been with the practice for most of their lives.

We observed staff who worked in the reception area and other staff. Their approach was respectful and professional at all times. Patients spoke highly of the reception staff at the practice and commented on their approach both when they phoned the practice and when they presented at the practice.

Patients' privacy and dignity was maintained. For example, a private room was made available for when patients wanted to talk in confidence with the reception staff to reduce the risk of conversations being overheard. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that they felt involved in decision making about the care they received. Patients told us that they felt staff listened to them and they were able to make informed decisions about their treatment.

Results from the national GP patient survey we reviewed 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:

- 90.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.1% and the national average of 86.3%.
- 92.2% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 82.5% and the national average of 81.5%.

Staff we spoke with told us that translation and interpreting services were available for patients who did not have English as a first language but this was rarely used as patients preferred to bring someone with them. The practice only had a few patients who did not speak English as their first language. They gave an example of a patient who preferred to write things down when she came to see the GPs as they did not want to have anyone else present. Staff also had access to British Sign Language interpreters for patients with hearing impairment.

Patient/carer support to cope emotionally with care and treatment

Good

Are services caring?

Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room sign posted people to a number of support groups and organisations.

The practice had a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. Of the practice list, 1% of patients were identified as carers.

Support was provided to patients during times of bereavement. Staff we spoke with recognised the importance of being sensitive to patients' wishes. The lead GP sent all families a bereavement card when patients had passed away. Patients we spoke with on the day of the inspection gave us examples of when the lead GP had popped in to check on them on the way home from surgery after they had experienced bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. 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 CCG commented that the practice engaged well with them.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Patients over the age of 75 were sent a letter and pack informing them of their named GP responsible for their overall care. The pack included information regarding local services and activities in the area such as AGE UK, an exercise pamphlet, alcohol and smoking information where relevant and invitations for a health check.
- If patients over the age of 75 had not been seen for twelve months they were invited for an annual health check and offered a home visit if they did not wish to attend the practice.
- Patients who were housebound were offered home visits.
- All patients over 65 were offered a seasonal flu vaccine, a pneumonia vaccines at 65 and shingles vaccines were also available for certain age groups between 70 and 79.
- People with long-term conditions were regularly offered a health review.
- Those patients considered at risk of hospital admission had been coded appropriately so that staff were aware that they could be offered same day contact with the GP. Those considered as vulnerable had alert on their electronic records.
- The practice offered Insulin initiation with ongoing support and now offered diabetic patients enrolment to the Mapmydiabetes online module. This is recognised as an accredited online structured education programme for Type 2 diabetics that was being rolled out in the local CCGs.
- Longer appointments were available for patients with asthma and chronic obstructive pulmonary disease (COPD), diabetes and heart disease. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections.
- The practice participated in regular updates for end of life care, asthma, COPD, heart disease and diabetes. They held regular reviews of palliative care patients.
- The practice offered same day appointments for children if parents were concerned.
- The practice encouraged online access and self-help advice was available on the practice website so that families could access Child and Adolescent Mental Health Services (CAMHS). This is a specialist community NHS service that provides support to children and young people (and their families) who have emotional and mental health needs
- They offered extended hours (Monday evening and Saturday mornings) and encouraged online services and telephone triage as well as electronic prescription services Some patients were offered email communication where appropriate as well as lunch time appointments if needed.
- The practice also offered NHS health checks to patients between the age of 40 and 74 who had not had a cholesterol check within the previous 5 years. The practice offered travel advice and a travel vaccination service.
- Those considered as vulnerable had an alert in their electronic records so that staff were aware and they could be offered same day contact with a GP.
- The practice had a register for patients with a learning disability and offered a yearly health check. The practice had various accessible leaflets which were available to this group of patients for example leaflets about the annual health check, staying healthy, smear tests and breast screening.
- The practice offered patients annual physical health checks and those with poor mental health had an alert in their notes so that staff were aware and they could be offered same day contact with a GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- They encouraged patients to access online self-help such as Healthy Minds. Healthy Minds is an NHS primary care psychological therapies service that works closely with GPs.
- There was parking spaces and easy access for wheelchairs and buggies.
- The practice had a family friendly waiting room with baby changing facilities.
- The practice had a hearing loop to assist patients who used hearing aids and translation services.

Access to the service

The practice was open between 8.30am and 6.30pm Mondays to Fridays. Appointments were available from 8.30am to 1pm every morning and 3pm to 6.30pm every afternoon. The practice offered extended hours on Monday evenings until 7.30pm and appointments on a Saturday from 8.30 to 9.30am. Appointments were available up to four weeks in advance; urgent appointments could be booked on the day.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was in line or above local and national averages. Most of the patients we spoke with said they were able to get appointments when they needed them. For example:

- 82.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.4% and national average of 75.7%.
- 88.5% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78.3% and national average of 74.4%.
- 81.7% of patients described their experience of making an appointment as good compared to the CCG average of 76.1% and the national average of 73.8%.
- 73.6% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.2% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the website and leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient. The practice had an easy to read complaints leaflet for patients with learning disabilities.

We looked at the complaints received in the last year and found these had been dealt with according to their policy and procedure. Complaints were discussed at meetings and lessons were learned from these. For example, one of the complaints we reviewed was about a misdiagnosis which resulted in a change in practice when patients presented with similar symptoms.

We did note that advocacy information and the Parliamentary and Health Service Ombudsman's details were not available on the response letters the practice sent out. This was discussed during the inspection and the practice manager told us they would include this information in future.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and had a patient centred approach. They were always looking at ways of improving outcomes for patients and had regular meetings with the Clinical Commissioning Group (CCG) to see where they could improve outcomes for patients. For example, as a result of a recommendation from the CCG and action taken by the practice, the practice saw a decrease in the number of admissions to A&E after raising patients' awareness of accessing A&E services appropriately. Staff knew their patients as they were established team members. The practice was looking to recruit another GP and a secretary to help with the referral work that was being undertaken by the GPs at the time of the inspection.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity. All policies were accessible in hard copy with the practice manager and on all computers.

- There was a clear leadership structure with named GPs in lead roles. Staff we spoke with told us there was an open door policy and they felt valued and supported.
- There were robust arrangements for identifying, recording and managing risks with the exception of legionella.
- The practice had a programme of continuous clinical and internal audits which was used to monitor quality and make improvements.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing better than national standards. QOF was regularly discussed at meetings between the practice manager and two GPs. QOF was also on the agenda of practice meetings which occurred twice a year or if considered necessary in between.

Leadership, openness and transparency

Meetings were held regularly between the practice manager and two lead GPs. Practice meetings took place twice a year and as and when concerns were raised. Staff told us there was an open culture and they were happy to raise issues at practice meetings. The partners were visible in the practice and staff told us they would take the time to listen to them.

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially and morale was high. Staff we spoke with told us that they felt valued by the practice.

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

The importance of patient feedback was recognised and there was an active patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG had three members and met annually. The PPG were trying to recruit new members. They discussed concerns and raised ideas throughout the year with the practice manager. We met with all three members on the day of the inspection.

The PPG had made several recommendations to the practice which they had implemented. For example, a whiteboard had been put up in the waiting room to inform patients who was on duty and if they were running late. They had also introduced a newsletter informing patients of relevant issues such as seasonal vaccines, opening hours, how to book an appointment, repeat prescription services and electronic prescribing.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The practice had not carried out a Legionella Risk Assessment.** Regulation 12(1)(2)(a)(b)