St James Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

St James Medical Practice serves a population of approximately 5000 patients.

We carried out a comprehensive inspection at St James Medical Practice on 27 January 2015.

We found that the practice provided a safe, effective, caring, responsive and well led service for the population it served. The overall rating was good and this was because the practice staff demonstrated enthusiasm and worked together in providing good standards of care for patients.

Our key findings were as follows:

- Practice staff worked together as a team to ensure co-ordinated patient care.
- The practice was visibly clean. The standards of hygiene were regularly monitored to protect patients from unnecessary infections.
- There was a register of all vulnerable patients who were reviewed regularly. Patients we spoke with told us they were satisfied with the care they received and their medicines were regularly reviewed.
- The practice was able to demonstrate a good track record for safety. Effective systems were in place for reporting safety incidents. Untoward incidents were investigated and where possible improvements made to prevent similar occurrences.
- We found that patients were treated with respect and their privacy was maintained. Patients informed us they were very satisfied with the care they received but some reported their inability to book an appointment when they felt they needed to.

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

In addition the provider should:

- Review the appointments system to enable patients to book appointments when they need them.

Summary of findings

- Develop protocols for auditing the medicines GP's carried in their bags to ensure they were safe for administration when visiting patients in their homes.
- Engage with patients by carrying out annual surveys to gather feedback on the quality of the service provided and respond to them in order to make improvements.
- Implement a system of regular checks regarding nurse's registration with their respective professional body to ensure they were practicing legally.

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?

Good

The practice is rated as good for providing safe services. The practice had a good track record for safety. There was effective recording and analysis of significant events and lessons learnt were cascaded to all relevant staff for prevention of recurrences. There were robust safeguarding measures in place to help protect children and vulnerable adults. Reliable systems had been arranged for safe storage and use of medicines and vaccines within the practice. There was a designated lead to oversee the hygiene standards within the practice to prevent infections.

Are services effective?

Good

Clinicians worked within both the National Institution for Care Excellence (NICE) guidelines and other locally agreed guidelines. Patient's needs were assessed and care planned and delivered in line with current legislation. Clinicians carried out clinical audits and as a result made changes where necessary to promote effective treatments for patients. Systems were in place for regular reviews of patients who had long term conditions, those identified as at risk and housebound patients. Multidisciplinary working was evidenced.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients were treated with compassion, dignity and respect and they were involved in their care and treatment decisions. Accessible information was provided to help patients understand the care available to them. Reception staff treated patients with kindness and respect ensuring confidentiality was maintained. We observed staff interacting with patients in a caring and supportive way. Accessible information was provided to help patients understand the care that was available to them.

Are services responsive to people's needs?

Good

The practice demonstrated how they listened to and responded to their patient group. We saw that efforts had been made to reach out to each population group to ensure they received appropriate care and treatments. The practice had good facilities and was well equipped to assess and treat patients in meeting their needs. There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way.

Are services well-led?

Good

The practice is rated as good for providing well-led services. Practice staff listened to and responded to the needs of patients. We saw that

Summary of findings

efforts had been made to reach out to each population group to ensure they received appropriate care and treatments. High standards were promoted and owned by all practice staff with evidence of team working across all roles. Governance and performance management arrangements were in place to promote best practice.

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 care of older people. All patients aged over the age of 75 years had been informed of their named and accountable GP. GPs provided care to patients who resided in four care homes and one assisted living accommodation. The practice offered proactive, personalised care to meet the needs of its population. Practice staff were responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for care of people with long term conditions. Practice staff held a register of patients who had long term conditions and carried out regular reviews. There was a recall system in place when patients failed to attend for their reviews. For patients with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Emergency processes were in place and referrals were made for patients in this group that had a sudden deterioration in health. The practice specifically reviewed all hospital admissions so that lessons could be learnt.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises were suitable for children and babies. Practice staff liaised with local health visitors to offer a full health surveillance programme for children. Checks were also made to ensure maximum uptake of childhood immunisations. The nursing team offered immunisations to children in line with the national immunisation programme. Alerts and protection plans were in place to identify and protect vulnerable children.

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). Community midwives held regular ante natal and post natal clinics at the practice. The practice offered extended opening hours to assist this patient group in accessing the practice. Appointments were available 6:30pm until 8pm Mondays and 7:30am until 8am Tuesday, Wednesday and Thursday mornings. Some Saturday morning clinics had commenced in December 2014.

Summary of findings

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. Practice staff had identified patients with learning disabilities and treated them appropriately. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. GPs carried out regular home visits to patients who were housebound and to other patients on the day they had been requested.

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). Care was tailored to patients' individual needs and circumstances including their physical health needs. Patients who presented with anxiety and depression were assessed and managed within with the National Institute for Clinical Excellence (NICE) guidelines. Annual health checks were offered to patients who had serious mental illnesses. GPs had the necessary skills and information to treat or refer patients with poor mental health. Practice staff worked in conjunction with the local mental health team to ensure patients had the support they needed. The practice participated in the local enhanced scheme for patients with dementia to ensure regular reviews were carried out and care plans were developed.

Summary of findings

What people who use the service say

We spoke with 11 patients during our inspection who varied in age. Some had been registered with the practice for many years. They informed us that staff were polite, helpful and knowledgeable about their needs. Patients told us they were given enough explanations so they understood about their health status and felt they were encouraged to make decisions about their care and treatment. They all gave us positive feedback about the standards of care they received.

Patients told us it was easy to obtain repeat prescriptions. The appointments system had been extended in December 2014 so that clinics were held for extra evenings and some Saturday mornings. However, six of the 11 patients we spoke with told us it was difficult to book an appointment when they needed to. Two patients commented that it was not easy to get through by telephone.

We collected 20 patient comment cards on the day of the inspection. Positive comments were made by 19 patients regarding the care they received and the helpfulness of staff. Seven patients complained about their lack of ability to book appointments. One patient informed us it was difficult to get through by telephone.

The practice did not have a Patient Participation Group (PPG). They are an effective way for patients and practice staff to work together to improve services and promote quality care. The practice website requested patients to join a PPG.

The National Patient Survey results from 2013 informed us that the results were average or below average. They were; 75.2% of respondents would recommend the practice, 74.6% for the last time patients wanted to speak with or see a GP or nurse and get an appointment. Also, 82.4% were satisfied with the opening times, 55.5% felt it was easy to get through by telephone, 61.7% had good or very good experience for making an appointment and 83.1% reported their overall experience was good or very good.

Areas for improvement

Action the service SHOULD take to improve

- Review the appointments system to enable patients to book appointments when they need them.
- Develop protocols for auditing the medicines GP's carried in their bags to ensure they were safe for administration when visiting patients in their home.
- Engage with patients by carrying out annual surveys to gather feedback on the quality of the service provided and respond to them in order to make improvements.
- Implement a system of regular checks nurses registration with their respective professional body to ensure they were practicing legally.

St James Medical Practice

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 who was a specialist advisor.

Background to St James Medical Practice

St James Medical Practice served approximately 5000 patients.

At the time of our inspection there were two full time male GP partners who provided 17 sessions per week. There was a nurse practitioner, two practice nurses and one health care assistant/phlebotomist who worked varying hours. The practice manager leads a team of three administrators, two summarisers, two prescription co-ordinators, five receptionists and two clerks.

The practice offered a range of services including chronic disease management, diabetes, cervical smears, contraception, minor surgery, injections and vaccinations.

The practice has opted out of providing out-of-hours services to their own patients.

The CQC intelligent monitoring placed the practice in band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

CQC has not received any information of concern about this practice.

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. 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 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.

How we carried out this 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?

Detailed findings

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)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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 on 27 January 2015. During our inspection we spoke with a range of staff including two GPs, the nurse practitioner, one practice nurse, health care assistant phlebotomist, practice manager, three receptionists and a prescription co-ordinator. A pharmacist who was working at the practice one day a week spoke with us briefly and supplied documentation. We also spoke with 11 patients who used the service and observed, how patients were being cared for and staff interactions with them. We looked at personal care and treatment records of patients. Relevant documentation was also checked.

Good

Are services safe?

Our findings

Safe Track Record

The practice was able to demonstrate it had a good track record for safety. Practice staff used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents and national patient safety alerts. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. The practice manager showed us there were effective arrangements in line with national and statutory guidance for reporting safety incidents.

There were clear accountabilities for incident reporting. Staff were able to describe their role in the reporting process and appreciated the importance of reporting incidents. The practice manager recorded incidents and ensured they were investigated. The GPs held regular meetings which included a review the practice's safety record.

We reviewed safety records and incident reports and saw how the practice manager recorded incidents and ensured they were investigated. Where action was required systems had been put in place to address them.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There was evidence that appropriate learning had taken place and that the findings were disseminated amongst relevant staff. Nurses were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. Non-clinical staff we spoke with told us they would report any safety concerns to senior staff.

The practice manager showed us the arrangements they had made for recording and ensuring incidents were investigated and any necessary actions taken. We were shown how they oversaw these to ensure they were managed and monitored. For example, the difficulty a GP had in diagnosing a patient's illness. To prevent future problems it was agreed to carry out more extensive tests.

We reviewed a sample of significant event audits. These clearly stated the investigations carried out, the resultant actions and which staff the information had been cascaded to. The records we saw told us they had been completed in a comprehensive and timely manner.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records made available to us showed that all staff had received relevant role specific training on safeguarding. This was confirmed when we spoke with staff. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours and those details were easily accessible.

Both GPs were appointed as the lead in safeguarding vulnerable adults and children. This demonstrated that there would be a lead available at all times. All staff we spoke with were aware who the leads were and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments.

There was a chaperone policy available to staff, posters were on display in the waiting area, at the reception desk and in the consulting rooms. When chaperoning took place this was recorded in the patient's records. Clinical staff carried out chaperone duties and if they were not available reception staff would carry out this role. Staff had received training before they were permitted to chaperone patients. We asked two receptionists how they would carry out this duty. They demonstrated their knowledge and understanding of the role. The practice manager was in the process of obtaining criminal records checks via the Disclosure and Barring Service for those non-clinical staff who carried out chaperone duties.

Medicines Management

Vaccines were stored in lockable medicine fridges. Temperatures had been recorded daily. Staff ensured that vaccines were stored in line with manufacturer's instructions and were safe for administration.

Good

Are services safe?

Processes were in place to check medicines were within their expiry date and safe for use. All the medicines we checked were within their expiry dates. Emergency equipment was also checked to ensure it was in working order.

Each GP carried a range of medicines in their visit bags. Practice staff needed to implement a system for checking and auditing the medicines that GPs carry in their bags when visiting patients to ensure they would be safe for administration. A health care assistant promptly made a list of medicines carried in each bag and assured us they would implement an audit tool.

There was a protocol for repeat prescribing which was in line with national guidance and was followed by practice staff. Patients who had repeat prescriptions received regular reviews to check they were still appropriate and necessary.

Cleanliness & Infection Control

All areas of the practice were visibly clean and tidy. Patients we spoke with told us they had no concerns about cleanliness or infection control. There as a cleaning schedule in place for cleaning staff to follow.

The nurse practitioner was the lead for infection control and had received training for this role and had made arrangements to obtain advice when they needed to. All other practice staff had received training in infection control.

The nurse practitioner had made arrangements for regular checks of the hygiene standards within the practice. They had also carried out annual in depth audit. The latest one was dated 23 July 2014; it included actions that needed to be taken such as replacing the hand towel bins in the patient's toilet because the pedal action did not work. Another action included GP's storing items on the consulting room floors. We saw that both of these actions had been addressed.

Once only disposable instruments were used for minor surgery and also for parts of medical equipment that came into contact with patient's skin.

An infection control policy and supporting procedures were available for staff to refer to including needle stick injury; which enabled them to plan and implement control of infection measures. For example, personal protective equipment (PPE) including disposable gloves, aprons and coverings for examination couches were available for staff to use. Staff confirmed there were always good stocks of PPE available within the practice.

We found that a Legionella risk assessment had not been carried out but we were told by the practice manager that they had requested information about the type of water supply to identify if testing or risk assessment was needed.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. We found recordings confirming that all portable electrical equipment was routinely tested and appropriate recordings maintained.

Staffing & Recruitment

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and non-clinical staff to cover each other's annual leave. When a GP was on leave this would be covered partially by the other GP and a locum GP. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. The practice had a recruitment policy that set out brief details for recruiting of clinical and non-clinical staff.

Monitoring Safety & Responding to Risk

We saw that the staff at the practice had received training in medical emergencies such as basic life support. The practice had a defibrillator and oxygen on standby for dealing with medical emergencies. These were checked regularly to ensure they were fit for purpose.

Good

Are services safe?

We saw that fire escape routes were kept clear to ensure safe exit for patients in the event of an emergency.

There was a health and safety policy in place and staff knew where to access it.

Arrangements to deal with emergencies and major incidents

We saw the business continuity plan. The document detailed the actions that should be taken in the event of a major failure and contact details of emergency service who could provide assistance. Copies of the document were held off site by the practice manager and the GPs. The document covered eventualities such as loss of computer and essential utilities. The plan was clear in providing staff guidance about how they should respond. It included the contact details of services that may be able to help at short notice.

A fire risk assessment had been undertaken that included actions required for maintaining fire safety. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

The patient leaflet and the recorded telephone message gave information about how to access urgent medical treatment when the practice was closed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff used the National Institute for Care Excellence (NICE) guidance to ensure the care they provided was based upon latest evidence and was of the best possible quality. We saw that any revised NICE guidelines were identified and shared with all clinicians appropriately.

The clinicians we spoke with confidently described the processes to ensure that informed consent was obtained from patients whenever necessary. They were also aware of the requirements of the Mental Capacity Act (MCA) 2005 used for adults who lacked ability to make informed decisions.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with clinical staff showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

The nurse practitioner we spoke with told us they carried out regular health checks of patients with range of long term conditions. We were told by the health care assistant that they provided a phlebotomy service once a week as part of patient's assessments.

Meetings were held with the palliative care teams to ensure co-ordinated care was provided to patients that matched their needs and wishes.

Management, monitoring and improving outcomes for people

Clinical staff actively participated in recognised clinical quality and effectiveness schemes such as the national Quality Outcomes Framework (QOF) and the local Clinical Commissioning Group (CCG) enhanced service schemes. QOF is a national performance measurement tool. We were shown the latest QOF achievements that told us practice staff were meeting all of the national standards.

There was a system in place for carrying out clinical audits. Also GPs were supported by a pharmacist who visited the practice each week. This resulted in a number of clinical audits regarding prescribed medicines. One audit concerned analgesics (pain killers) where all prescribed patients had been audited. Another audit concerned medicines prescribed to treat arthritis. The outcomes resulted in changes to some medicines and increased reviews of others to monitor patient's health status. A third audit regarded patients with atrial fibrillation (irregular heart beat) and the prescribed medicines to treat their condition to ensure they were medically managed effectively. The pharmacist told us that prescribing improvements had been made and that regular audits would continue.

GPs held regular clinical meetings. The minutes informed us patient care, significant events, complaints, and patient care had been discussed. The recordings included learning from errors. They also held regular meetings and assessed each hospital admission to check if they were appropriate and to monitor each patient's progress.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending the training courses such as annual basic life support. All GPs had completed their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff had annual appraisals which identified any learning needs from which action plans were documented. We saw that the nurse practitioner, nurses' and health care assistant's appraisals were carried out by the practice manager. These were followed up with meetings with clinical staff so that their practices could be discussed and appropriately checked. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. For example, specialist diabetes training for the nurse practitioner.

Working with colleagues and other services

There was evidence of appropriate multidisciplinary team working and it was apparent there were good relationships in place. Regular multidisciplinary meetings were held to discuss patients receiving end of life care and those

Good

Are services effective?

(for example, treatment is effective)

considered to be at risk. A range of community staff attended the meetings. Regular contact was also maintained with health visitors so that children considered to be at risk were appropriately monitored.

Practice meetings were held every two months and standards of care were also discussed routinely. We were shown the recordings that had been made where a GP had attended monthly 'Commissioning Locality Forum' meetings. The items discussed included initiatives and clinical matters.

Practice staff worked with other service providers to meet patients' needs and manage complex cases. Test results, Xray results, letters from the local hospital including discharge summaries, out of hour's providers and the emergency service were received at the practice. The GP seeing these documents and results was responsible for taking any required action.

Patients were invited to contact the practice to receive their test results. However, if a test result was abnormal, patients would be contacted and informed by the GP either face to face or by telephone consultation.

Information Sharing

Arrangements were in place that provided staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. All staff were fully trained on the system.

The two GP's we spoke with told us they had good working relationships with community services, such as district nurses. There was good evidence of joint working relationships and their ability to make contact with each other at short notice when a patient's condition changed to enable provision of appropriate care.

Although health visitors did not attend meetings at the practice staff told us they had a good working relationship with them. They were located in the same building and therefore easy to access.

Consent to care and treatment

The patients we spoke with told us they had been involved with decisions about their care and treatments. They told us they had been provided with sufficient information to make choices and were able to ask questions when they were unsure.

Patients who had minor surgery had the procedure explained to them and the potential complications, they were not asked to sign a consent form to confirm this. However, we found that patients consent had been recorded in their medical notes by the GP.

Clinicians were aware of the requirements within the Mental Capacity Act 2005. This was used for adults who lacked ability to make informed decisions. Staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity.

GPs knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. They understood the key parts of legislation of the Childrens and Families Act 2014 and were able to describe how they implemented it in their practice. GP's demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment).

Health Promotion & Prevention

The practice manager told us all new patients were offered a health check. New patients who were receiving medicines were given an appointment with a GP to review the medicine dosage and if it was still appropriate.

Patients who were due for health reviews were sent a reminder letter and if they failed to attend a further two reminder letters would be sent to them. Patients were asked about their social factors, such as occupation and lifestyles. These ensured doctors were aware of the wider context of their health needs.

The practice manager told us that they had a good uptake of the flu vaccination late last year, 78% of older patients were vaccinated.

Patients were encouraged to take an interest in their health and to take action to improve and maintain it. We saw some health and welfare information displayed in the waiting area.

A poster on display in the waiting area informed patients of a health trainer's clinic they could attend if they wanted to lose weight.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Staff upheld and maintained the privacy and dignity of patients. We observed that when patients arrived staff greeted them in polite and helpful manner. All of the 11 patients we spoke with told us staff were friendly and professional towards them. They told us reception staff were courteous, friendly and helpful.

We observed patients being treated with dignity and respect throughout the time we spent at the practice. We saw that clinical staff displayed a positive and friendly attitude towards patients. Patients we spoke with told us they had developed positive relationships with clinical staff who were familiar with their health needs.

Window blinds and privacy screens were in each consulting room. The practice nurse told us they always closed the door before the consultation commenced. Patients we spoke with told us their privacy was always protected at all times.

The practice had a chaperone policy and patients told us they were aware of their right to request a chaperone.

We observed that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Reception staff told us they would offer to take patients into an unoccupied room if they needed to hold a confidential conversation. This prevented patients overhearing potentially private conversations between patients and reception staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in planning their care and making decisions about their care and treatment and generally rated the practice well in these areas. .

Patients were given the time they needed and were encouraged to ask questions until they understood about their health status and the range of treatments available to them. Patients we spoke with told us they were able to make informed decisions about their care and felt in control. Patient feedback on the comment cards we received was also positive and aligned with these views.

The Mental Capacity Act 2005 governs decision making on behalf of adults and applies when patients did not have mental capability to make informed decisions. Where necessary patients had been assessed to determine their ability prior to best interest decisions being made. Staff we spoke with had an awareness of the Mental Capacity Act. The practice manager told us they would make arrangement for all staff to receive training.

Patient/carer support to cope emotionally with care and treatment

We saw information was on display in the waiting area for patients to pick up and take away with them. They informed patients of various support groups and how to contact them.

A poster was on display in the waiting area advising patients about the Dudley Stroke Association and included the contact details.

The practice manager informed us the respective GP contacted bereaved families and went out to visit them. The GP also offered the opportunity for them to speak with the GP or a nurse whenever they wanted to.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where these had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

The practice delivered core services to meet the needs of the main patient population they treated. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as asthma and diabetes. There were immunisation clinics for babies and children and women were offered cervical screening. Patients over the age of 75 years had an accountable GP to ensure their care was co-ordinated.

The practice had a mental health register of patients who had had annual health checks. There was a palliative care register and regular multidisciplinary meetings were held to discuss patient and their families care and support needs.

The practice did not have a Patient Participation Group (PPG). PPGs are a way in which patients and practice staff can work together to improve the quality of the service.

The practice manager told us they had not carried out patient surveys to seek their opinions about the services they received to facilitate improvements. However, we were shown the Family and Friends Survey where patients were asked if they would recommend the respective GP. The survey had commenced on 1 December 2014 and we were shown to results so far. The number of 'patients who would likely recommend the GP' was 25, neither likely nor unlikely 16, unlikely three and extremely unlikely five responses had been received.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services and had made arrangements for meeting their needs.

Staff told us that translation services were available for patients who did not have English as a first language. This service could be arranged to take place either by telephone or in person.

The premises were accessible by patients who had restricted mobility. There was a toilet for people who were disabled. The corridors and doorways to consulting rooms were wide enough to accommodate wheelchairs. All consulting rooms were located on the ground floor.

The practice had equality and diversity policy and staff were aware of it. Patients we spoke with did not express any concerns about their rights about how they were treated by staff.

Access to the service

Appointments were available each weekday mornings 8:30am until 11:30am and afternoons 3:30pm until 6:30pm. Extended hours were available Monday evenings and Tuesday, Wednesday and Thursday mornings. A recent initiative was that some Saturday morning sessions were held.

Comprehensive information was available to patients about appointments on the practice website and in the patient leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

Of the 11 patients we spoke with six of them told us it was difficult to book an appointment when they needed to. Two patients commented that it was not easy to get through by telephone.

We collected 20 patient comment cards on the day of the inspection. Seven patients complained about their lack of ability to book appointments. One patient informed us it was difficult to get through by telephone.

The practice manager told us the recent increase in available appointments was as a result of patient's comments. However, the improvements did not appear to be adequate to meet patient demand. A receptionist told us that a touch screen was due to be introduced so that patients could use this when they arrived for their appointments to permit more time for reception staff to answer the phone.

Patients who requested a home visit were contacted by telephone by a GP to check the visit was essential.

Good

Are services responsive to people's needs?

(for example, to feedback?)

However, if the GP had prior knowledge of the patient they may visit them at home without a telephone consultation. Home visits were made on the same day they had been requested. Regular home visits were made by GP's to patients who were housebound.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients phoned the practice when it was closed they would be provided with a message advising them of the number they should ring depending on their circumstances.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice. The practice leaflet informed patients about how to make a complaint if they needed to.

Practice staff had a system in place for handling concerns and complaints. The summary of the complaints received during the last 12 months demonstrated that all complaints had been investigated, responded to and there were instances where changes had been made to prevent recurrences. Practice staff told us that the outcome and any lessons learnt following a complaint were disseminated to relevant staff and discussed during meetings.

Are services well-led?

Good

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

Our findings

Vision and Strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. It was evident that senior staff had continued to search for further areas of improvement on an on-going basis.

We spoke with 10 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. They told us they felt all staff worked as a team and were encouraged to make suggestions that led to improved systems and patient care.

Governance Arrangements

There were administrative supervisors in place and nurses and GPs had lead clinical roles and responsibilities that partly supported the governance framework at the practice.

We found that arrangements were in place to ensure continuous improvement of the service and the standards of care patients received. The practice manager was continually monitoring the appointment system and had arranged for a book-in touch screen to be installed for patients to use on their arrival for an appointment. This was an initiative to permit reception staff more time to answer the phone in a timely way.

We saw that regular practice meetings were held that enabled decisions to be made about issues affecting the general business of the practice. All staff were encouraged to attend these meetings. Recordings were made of the meetings and any actions that arose from these meetings were clearly set out and reviewed to ensure required changes were made. Staff told us they could make suggestions for improvements and that they were treated as equals by senior staff.

Leadership, openness and transparency

The feedback we received from patients was positive about the staff at the practice. They said that staff had a professional and respectful approach. Staff could meet with the practice manager whenever they wished. This supported staff to be able to discuss issues and raise concerns.

The practice manager and staff we spoke with articulated the values of the practice. All were confident and knowledgeable when discussing dignity, respect and equality. From speaking with the practice manager and other staff the importance of provision of quality care was evident. Staff members we spoke with described the culture of the organisation as supportive and open.

Practice seeks and acts on feedback from users, public and staff

There was a 'Friends and Family' questionnaire at the reception desk where patients were asked if they would recommend the GP they had seen to other people.

There was no Patient Participation Group (PPG) in place. PPG's act as representative for patients and work with practice staff in an effective way to improve services and promote quality care.

Comprehensive annual patient surveys were not being carried out. Practice staff were not engaging with patients adequately to gather feedback on the quality of the service provided and respond to them in order to make improvements.

Management lead through learning & improvement

Staff told us that senior staff supported them to maintain their clinical professional development through training and mentoring. We looked at some staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

GP's held regular meetings to discuss each patient who had been admitted to hospital to monitor their progress and to determine if there were any lessons to be learnt.

The practice manager told us they regularly checked the appointments system and the extended hours had been increased in December 2014 to address the shortage of available appointments. However, patients we spoke with and comment cards we received indicated the problem had not been fully resolved.

The practice had completed reviews of significant events and other incidents and shared them with staff through meetings to ensure the practice improved outcomes for patients. For example, a patient who had been admitted to hospital which resulted in a reduction of the dosage of their prescribed medicines. As a consequence of this the GP's agreed to carry out medicine reviews more often.