

Oldbury Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oldbury Health Centre on 21 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the system required strengthening to ensure all incidents were appropriately managed.
- Risks to patients were assessed and well managed. Health and safety precautions had been taken which included checking that equipment was fully working and safe to use and infection prevention control measures were in place. The practice was able to respond in the event of a patient emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. Further evidence was required to show the effect of actions taken and outcomes from improvements made.
- Patients said they found it easy to obtain an appointment, although not always with a named GP. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- To reduce high rates of exception reporting within indicators of the Quality Outcomes Framework (QOF).
- To continue to identify carers as a low number of the practice list size had been identified.
- Obtain evidence to demonstrate the effect of the actions taken in response to complaints received and outcomes from the improvements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. We found that the system required strengthening however, to ensure that all incidents were appropriately managed.
- The documentation provided supported that lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included the safe management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were generally above average for the locality and national average. The practice had achieved 97% of available QOF points in 2015/16 compared with the CCG and national averages of 95%. The practice's overall exception rate reporting was 20% however, which was above the CCG average of 9.5% and national average of 9.8%.
- The practice told us they followed guidelines in relation to exception reporting and contacted patients on at least three occasions to invite them to attend reviews. The practice provided explanations for high exception reporting and told us that they had plans to target patients with chronic conditions who did not respond to repeated invitations.
- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality

Summary of findings

improvement. For example, an audit which sought to identify if prescribing of the medicine pregabalin was in line with recommended guidelines, resulted in improvements to patient care.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 92% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- Data also showed that receptionists at the practice were rated highly. Results showed that 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.
- The practice had undertaken its own patient survey in November 2016 and had implemented an action plan in efforts to continuously improve patient satisfaction.
- Feedback from comment cards we received showed that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified a low number of carers, 80 in total. Whilst information was available to direct carers to obtain support, further efforts were required to identify patients who acted as carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services

Good



Summary of findings

where these were identified. A range of services were offered to patients which included extended hours appointments and online services. The practice also participated in the electronic prescription service which enabled patients to collect their medicines from their preferred pharmacy.

- Data from the national GP survey showed that patients could access appointments when required. For example, 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 75% and a national average of 85%. However, 36% of patients surveyed usually saw or spoke to their preferred GP, compared with the CCG average of 45% and national average of 59%. We found there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We saw that action was taken to improve the quality of care. There was limited information however, to show the effect of the actions taken and whether outcomes from the improvements made were effective.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. We found that the practice recording of their various meetings held was ad-hoc.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We found that some areas required review regarding incident management and the practices assessment of outcomes from complaints.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice had improved building access arrangements for patients with mobility problems.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in staff development, audits undertaken and the practice plans for the future.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice provided care for over 1,000 patients who were aged 75 or older. This included approximately 125 patients who lived in residential care. Each of the care homes had an allocated GP partner lead to ensure continuity of care for patients.
- We spoke with three of the care home managers where practice patients resided. Positive feedback was provided and managers praised GPs for their effective and responsive approach. One of the managers told us that an excellent standard of care was provided.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data showed that 100% of patients aged between 50 and 75 years with a fragility fracture had a confirmed diagnosis of osteoporosis and were receiving appropriate treatment. Achievement was above the CCG average of 97% and above national average of 89%. The practice had not exception reported any patients.
- The practice offered flu vaccinations for patients aged over 65 years and attended patients' homes to administer the vaccine for those who were unable to attend the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data showed the practice was performing above the local CCG average for its achievement within 11 diabetes indicators. The practice achieved 96% of the available QOF points compared with the CCG average of 88% and national average of 90%.

Summary of findings

- Data also showed that 89% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was the same as the CCG and national average. Exception reporting was 11.2% which was above the CCG average of 10.3% and above national average of 9.2%.
- The practice provided a bi-monthly specialist diabetes clinic for those patients with the most complex conditions. The clinic was run in collaboration with a specialist nurse and consultant.
- In-house services including spirometry, (test that can diagnose various lung conditions and monitor severity) ECG (test which measures electrical activity of the heart) and blood pressure monitoring were provided for those patients with long term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 92% to 99%. This was comparable to CCG averages which ranged from 87% to 95%.
- Our discussions with staff showed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible

Good



Summary of findings

and offered continuity of care. Appointments were available outside of usual working hours to accommodate those who could not attend during these times. This included Saturday mornings. Telephone consultations were also available on request.

- The practice was proactive in offering online services. The practice participated in the electronic prescription service.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- Data showed that 75% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing below the CCG average of 79% and below national average of 82%.
- The practice had undertaken an audit to assess whether female patients prescribed with an oral contraceptive had risk assessments recorded prior to it being issued. The completed audit showed that assessment and recording of risk factors such as smoking had increased from 62% to 96% and Body Mass Index (BMI) checks from 58% to 86%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Data provided by the practice showed that during 2015/16 there were 70 patients eligible for learning disability healthchecks. All of these patients were offered a review and 42 were undertaken.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- All clinical staff working within the practice had received specialist training on managing domestic violence to assist patients who were affected.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. We saw a variety of literature displayed in the practice which included help for those affected by domestic violence, rape and sexual assault.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 78% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below the CCG average of 91% and below the national average of 89%. The practice exception reporting was 9.7% however, which was below the CCG average of 14.7% and below the national average of 12.7%.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was below the CCG and national averages of 84%. The practice exception reporting was 15% which was above the CCG and national averages of 6.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a risk register of patients with dementia and mental health problems and their level of risk was categorised. Investigations were undertaken if these patients failed to attend an appointment or were highlighted as having a hospital admission.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local but below national averages. Two hundred and ninety-six survey forms were distributed and 104 were returned. This represented a 35% response rate.

- 62% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 60% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Positive comments included that staff were helpful and did their best, patients were welcomed and a very good and caring service was provided. We noted that four of the comment cards also included mixed feedback, three referred to waiting time to obtain an appointment and one made reference to problems encountered with the text messaging service.

The practice's results from the NHS Friends and Family test in June and July 2016, showed that 48 patients were likely or extremely likely to recommend the practice to their friends and family and six were unlikely to.

Areas for improvement

Action the service **SHOULD** take to improve

- To reduce high rates of exception reporting within indicators of the Quality Outcomes Framework (QOF).
- To continue to identify carers as a low number of the practice list size had been identified.
- Obtain evidence to demonstrate the effect of the actions taken in response to complaints received and outcomes from the improvements.

Oldbury Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oldbury Health Centre

Oldbury Health Centre is located in Oldbury, a town in Sandwell in the West Midlands. It is approximately eight miles west of Birmingham city centre.

There is access to the practice by public transport from surrounding areas. There are also parking facilities on site.

The practice currently has a list size of 18,061 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for delivering primary care services to the local communities. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with higher levels of deprivation (level 3, Indices of Multiple Deprivation decile, IMD). A higher number of patients registered at the practice are in paid work or full time education (61%) compared with the local CCG average (57%) and national average (61%).

The practice has a higher than national average number of children and adults in their 20s and 30s living within the practice area. It has a lower than national average number of people in their late 50s and approaching retirement age. The practice has a high prevalence of patients with long term conditions including chronic obstructive pulmonary disease (COPD), dementia, diabetes and depression when compared to the national average. The patient population is mixed. This includes patients with a white British ethnicity, patients who are Eastern European and patients with Asian origin.

The practice was established in 1970 and has been based in its current purpose built premises since 2006. Patient services are all available on the ground level of the building. The premises are also shared with a dental practice and other healthcare professionals including health visiting staff, mental health and community nursing teams.

The practice is currently managed by eight GP partners (five male, three female). The partners also employ 3 salaried GPs and 1 long term locum. They are supported by 7 practice nurses, 1 healthcare assistant, 3 managers and a team of 21 administrative and clerical staff.

The practice is a training practice for GP trainees. There are 4 trainees working with the practice currently. The practice is also a training centre for student nurses. There are 2 student mentors and 1 student nurse currently working within the practice.

One of the GP partners is the chairman at Sandwell Health Alliance Locality Commissioning Group and Health and Wellbeing Executive.

The practice opens at 8am each morning until 6.30pm each weekday. The practice is also open on Saturday from 9am

Detailed findings

to 3pm. GP consultations commence each weekday morning from 8am to 1pm and in the afternoons from 3pm to 6pm. On Saturday, appointments are available from 9am to 3pm.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, clinical manager, receptionists and administrative staff). We also spoke with members of the patient participation group (PPG).
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We found that the system required strengthening to ensure that incidents were appropriately managed and staff learning was evident.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice did not use the template form available but maintained a separate log of recorded incidents. The log included details of the incident with outcome and learning points identified.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, support and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Information we were provided supported that the practice carried out an analysis of the significant events. We noted 13 incidents reported in the log within 2016.

We reviewed the incident log and were provided with limited records of practice meeting minutes where some of the issues were discussed. The records supported that lessons were shared and action was taken to improve safety in the practice. For example, an urgent message was sent electronically by a member of staff to a GP which was not seen immediately. The practice introduced a procedure which required staff to ensure that urgent messages were passed on in person or by telephone to ensure that they were received promptly. However, the practice did not document minutes from all of the meetings held. The absence of documentation, including incident reporting forms presented a risk that some issues may be inadvertently missed, not appropriately investigated or monitored and learnt from. We identified other incidents during our inspection which had been investigated by the practice, but had not been recorded in the log they maintained. We discussed our findings with the practice partners who advised us that immediate action would be taken to strengthen their systems in place. Following our inspection, we were provided with an updated significant event monitoring procedure.

We looked at the system for how patient safety alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated and acted upon. The practice maintained a log of alerts on the shared drive of their computer system. One of the practice managers who was clinically trained disseminated the alerts to relevant staff. Searches in patient records were undertaken on receipt of alerts received, to ensure patient safety was optimised.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.
- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We were informed that only clinically trained staff undertook chaperone duties.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. These showed that monitoring processes were in place. The practice had undertaken a recent audit to assess its effectiveness and safety in prescribing of methotrexate. Positive outcomes were identified which included that patients prescribed with the medicine had received regular blood monitoring.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The Independent nurse prescriber also held a clinical managerial role within the practice. She received mentorship and support from medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where required. The practice employed a reception manager who was responsible for recruitment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up

to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment was undertaken in September 2014 and was reviewed in September 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty. Administrative and clerical staff told us they would provide additional cover when required. The practice also utilised regular locum doctors to ensure enough clinical staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. The CCG average and national average was 95%. The practice overall exception reporting rate was 20% which was above the CCG average of 9.5% and national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 96% which was above the CCG average of 88% and above national average of 90%.
- 100% of patients with newly diagnosed diabetes had a record of being referred to a structured education programme. This was above the CCG average of 89% and above national average of 92%. Exception reporting was 82.1% however, which was above the CCG average of 26.2% and above national average of 23%.
- 89% of patients with asthma had received a review in the previous 12 months. This was above the CCG

average of 75% and above national average of 76%. Exception reporting was 33.6% however, which was above the CCG average of 4.9% and above national average of 7.9%.

- 89% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was the same as the CCG and national averages. Exception reporting was 11.2% which was above the CCG average of 10.3% and national average of 9.2%.
- 89% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was above CCG average of 86% and above national average of 83%. Exception reporting was 19.8%, which was lower than the CCG average of 24.8% and lower than national average of 22.1%.
- 78% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below CCG average of 91% and below national average of 89%. Exception reporting was 9.7% which was below the CCG average of 14.7% and below the national average of 12.7%.

We discussed higher exception rate reporting in some of the QOF indicators with the practice partners and management. We were informed that guidelines were always followed in relation to exception reporting and patients were contacted on at least three occasions in different ways to invite them to attend the practice. The practice told us that they had over 1,000 patients aged over the age of 75, some of whom had multiple complex conditions. This meant that if some of these patients could not proceed with tests, they were exception reported for more than one condition. We were also told that there were problems encountered with the computer system if patients fitted the criteria to exclude rather than exception report. The practice told us that they were seeking to encourage patients with chronic diseases who failed to respond to invitations for reviews, by assigning the triage GP to contact them and explain the benefits in accessing care.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits undertaken in the last year, two of these were completed audits where improvements were made and monitored. We reviewed a full cycle audit involving the practice prescribing of pregabalin. Pregabalin is a medicine used to treat

Are services effective?

(for example, treatment is effective)

patients with epilepsy, neuropathic pain, fibromyalgia and generalised anxiety disorder. The audit, involving the review of 70 patients, sought to identify if the medicine had been prescribed effectively and in line with pain pathway guidelines. A positive audit outcome included an increase of 6 patients who were prescribed with appropriate alternate medicines prior to a prescription for pregabalin being issued. This was in line with recommended guidelines.

- An anti-biotic prescribing audit undertaken identified that national and local standards were met for appropriate prescribing of antibiotics and for the choice of anti-biotic used.
- The practice undertook quarterly review of its prescribing effectiveness. We were informed that the practice had been given a Locality Commissioning Group award for their effective prescribing of oral nutritional supplements (Sip feeds). Sip feeds are liquid nutrient formulations which contain the complete range of nutrients required.
- The practice undertook minor surgery audits to assess patient satisfaction and whether any complications had arisen as a result of minor procedures performed.
- The practice GPs had special clinical interests which included: gynaecology, dermatology and minor surgery.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses we spoke with had updated her skills in chronic obstructive pulmonary disease (COPD) and was due to attend a diabetes update.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice management monitored staff learning progression.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- 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, staff carried out assessments of capacity to consent in line with relevant guidance. One of the practice nurses we spoke with provided us with detailed knowledge to demonstrate their understanding of consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. (An Alcohol counselling clinic and smoking cessation clinic were provided within the practice premises.) Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was below the CCG average of 79% and below the national average of 82%. The exception reporting rate was 5.9% however, which was below the CCG average of 8.8% and below the national average of 6.5%.

There was a policy to offer written reminders for patients who did not attend for their cervical screening test. Those patients who declined the test were requested to sign a declaration.

The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 48% which was similar to the CCG average of 47%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 72% which was above the CCG average of 69%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% within the practice. The CCG rates varied from 88% to 95%. Five year old vaccinations ranged from 92% to 98% within the practice. The CCG rates ranged from 87% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.

During our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Feedback received via comment cards showed that patients felt that they were treated with compassion, dignity and respect by clinicians and the reception team. Results from the national GP patient survey in July 2016 showed the practice was above or in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.

Data was also positive in relation to feedback regarding receptionists.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice issued their own survey to 200 patients in November 2016. They received a response rate of 41%. This showed:

- 97% of patients found receptionists at the practice helpful.
- 77% of patients had confidence and trust in the GP they saw or spoke to.
- 69% of patients had confidence and trust in the nurse they saw or spoke to. (28% stated this question was not applicable as they had not seen a nurse on that occasion).

Practice management issued the findings to clinical and administrative staff and developed an action plan as a result. The action plan included that confidence and trust in clinicians could be further improved by giving more detailed explanations during consultations. For example, identifying patient expectations such as a prescription for a medicine that is not required.

We spoke with four members of the patient participation group (PPG). They also told us that they and other members of the group were highly satisfied with the care provided by the practice and said their dignity and privacy was respected.

The practice partners informed us that they had implemented a policy whereby patients who had moved out of the practice boundary area could still remain as registered with the practice to receive care, if they attended the practice for consultations. We were told that between 400 to 500 registered patients were living outside the area.

Care planning and involvement in decisions about care and treatment

Feedback from comment cards showed that patients felt involved in decision making about the care and treatment they received. They also showed that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were also above or in line with local and national averages. For example:

Are services caring?

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We were informed that the service was used regularly to accommodate patients who spoke punjabi, polish and somalian. The practice website had a translation feature to enable patients to read information in a number of different languages.

Patient and carer support to cope emotionally with care and treatment

A large variety of patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a low number of patients as carers, 80 in total. (0.4% of the practice list). A carers notice board was displayed in the practice waiting area which included information for young carers. Written information was available to direct carers to the various avenues of support available to them. Carers were also offered the flu vaccination.

The practice worked within the Gold Standards Framework (GSF), which is an approach to optimise care for all patients approaching the end of life. Advanced care planning was undertaken to ensure that patient's preferred wishes were taken into account, and personalised care was organised to support the patient and their families. The practice worked with the wider health and social care team to deliver high quality end of life care for patients, and reviewed patients' at a bi-monthly multi-disciplinary team meeting.

Staff told us that whilst the practice had not adopted a formal process for making contact with families if they had suffered bereavement, their usual GP would generally contact them by telephone. This call would include advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments for patients outside of usual working hours to benefit working aged patients. A range of appointments were available from 8am until 6pm on weekdays and from 9am to 3pm on Saturdays.
- The practice had resourced an additional GP to provide daily telephone triage and offer telephone consultations to those patients who requested these.
- There were longer appointments available for patients with a learning disability. Longer appointments were also provided on request and were tailored for patient healthcare needs such as diabetes educational appointments, mental health reviews, baby checks and coil fittings.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a bi-monthly specialist diabetes clinic for those patients with the most complex conditions. The clinic was run in collaboration with a specialist nurse and consultant.
- In-house services including spirometry, (test that can diagnose various lung conditions and monitor severity), ECG (test which measures electrical activity of the heart) and blood pressure monitoring were provided for those patients with long term conditions.
- The practice provided minor surgery such as the removal of minor skin lesions and joint injections to those patients who would benefit.
- The practice also offered cryotherapy, the use of extreme cold in surgery or other medical treatment to destroy abnormal or diseased tissue. It is used to treat skin conditions such as warts and moles.
- A full range of contraceptive services were available to patients to meet their needs and preferences.

- The practice provided an ultrasound service on site to practice patients as well as those non-registered patients living within the local area.
- Patients also had access to a mobile mammography service which was based outside the premises intermittently.
- Phlebotomy services (blood taking) were available for practice patients on site (not provided as an in-house service.)
- A counselling service was located in the practice premises where patients could be referred via their GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services available.
- A range of online services were offered which included appointment booking and prescription ordering. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice waiting area included a 'You said and we did' noticeboard to inform patients about improvements to services made as a result of their feedback.

Access to the service

The practice was open between 8am and 6.30pm each weekday. Appointments were from 8am to 1pm and 3pm to 6pm. On Saturday, appointments were available from 9am to 3pm. In addition to pre-bookable appointments that could be booked up to one week in advance to see a GP, urgent appointments were also available for people that needed them.

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

- 62% of patients found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 75% and a national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

- 70% of patients described their experience of making an appointment as good compared to a CCG average of 62% and a national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.

However,

- 30% of patients usually waited 15 minutes or less after their appointment time to be seen which was lower than both the CCG average of 54% and national average of 65%.
 - 36% of patients usually got to see or speak to their preferred GP, which was lower than both the CCG average of 45% and the national average of 59%.
- Partners popular and looking to reduce hours.

The practice management informed us that clinical staff were aware that some patients had to wait longer than their allocated appointment time to be seen. They acknowledged patient waiting time was a result of clinicians seeing patients with very different needs. They told us they had invested in new information systems, two television screens, to ensure patients were kept up to date with any delays. The practice did not operate a policy whereby only one patient problem would be discussed in one appointment slot. Clinicians were however requested to offer a follow up appointment if more time was required. The practice told us that lower patient satisfaction scores for access to see a named GP were likely as a result of some of the practice partners reducing their clinic availability, as they were seeking to take retirement within the future.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. We were informed that a decision was made by one of the assigned triage GPs prior to undertaking a home visit. The patient or carer requesting the visit was telephoned in advance so information could

be obtained to allow the clinician to make an informed decision as to the priority of the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person, reception manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a practice information leaflet handed to patients, information displayed on a noticeboard in reception and the practice website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Documentation we were provided with showed that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, an issue was identified with the prescribing process whereby a change to a medicine had not been actioned correctly. The practice acknowledged and recorded the issue and measures were taken to reduce the risk of reoccurrence.

There was limited evidence however to show the effect of the actions taken in response to complaints received and the outcomes from the improvements.

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.

- The practice had a mission statement which identified the improvement of health, well-being and lives of those the practice cared for. Staff we spoke with, knew and understood the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was a member of a federation, Sandwell Health Partnerships. One of the GP partners had acted as a lead in its formation. The federation plans included the sharing of resource and expertise to deliver health care for the local population. This included flexible provision of services. The practice had identified the challenges it faced and areas of focus for service delivery.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. This was reflected in their regular review of prescribing effectiveness, analysis of patients at risk of hospital admission and other CCG statistical information. Whilst the practice achievement was high for QOF attainment, we identified that exception reporting was also high. The partners told us they had plans in place to reduce exception reporting, where this was achievable.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We were provided with data to demonstrate improved quality and patient outcomes from clinical audits undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We found that some areas required review however, to ensure that all reported incidents were appropriately managed and outcomes from complaints investigated were assessed.

Leadership and culture

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

The provider was aware of and was compliant with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice ensured that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. We saw some limited examples of practice meeting minutes. We were informed that meetings had not been routinely documented when held, but action would be taken by the practice to increase recording.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.
- Staff had been supported to continue with their professional development by obtaining qualifications. For example, two members of the nursing team had completed diplomas in nursing.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, the practice had installed electronic access doors, additional parking spaces and lowered a desk at the reception area for the benefit of patients in wheelchairs.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had participated in a triumvirate model pilot. The pilot was aimed at moving away from GP led traditional care and involved the deployment of three managers with separate responsibility for areas of service delivery. Management roles included a clinical manager, finance manager and a reception manager. We were informed that the benefits of the model included a better representation of individual areas of the practice, better reflection of needs for the size of the practice, contingency for staff absence and allowance for a possible business management model in the future.