Care Quality Commission

Dr Gian Singh

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?	Outstanding
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

GOOD

We carried out an announced comprehensive inspection at Dr Gian Singh surgery on 4 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed, well managed and records maintained by the practice. Patient safety alerts were managed by the community pharmacist.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments and home visits available the same day.
- Although the practice had good facilities and was well equipped to treat patients and meet their needs, we were not provided with evidence that a general health and safety risk assessment had been carried out.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The practice carried out clinical audits to help drive continuous improvements.

We saw two areas of outstanding practice:

The practice organised an annual health fair in the local church hall to promote and increase access to a range of healthcare services. The practice nurse carried out blood tests and there were stalls offering information on money matters, Macmillan palliative care, dementia and weight management. The Local Mayer attended to open the event and the local newspaper wrote a positive article on its success.

The practice engaged with the local church who were running a fortnightly dementia café, they actively identified and referred patients. Staff were registered as dementia friends and the practice manager had completed a NVQ in dementia care in order to continually improve their ability to identify, diagnose and support patient with dementia . As a result between April 2014 and March 2015 the practice increased their diagnosis rate from 70% to 93%.

The areas where the provider should make improvement are:

- Provide notices in the reception area advising patients that chaperones were available
- Consider developing a contingency plan in the absence of the practice nurse.
- Continue to seek a completed risk assessment from NHS Property Services Ltd who were the landlords of the building.
- Consider how they could proactively identify and support carers.

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.

- There was an effective system in place for reporting and recording significant events.
- Following an incident lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written 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 to keep patients safe and safeguarded from abuse.
- We saw safety alerts and records of actions taken were maintained and well managed by the community pharmacist.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice held an annual health fair to promote awareness of services available, for example community outreach nurses and Macmillan team attended to prompote and improve the surgery's uptake of cancer screening.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff we spoke with proactively worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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.

Summary of findings

- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible and easy to understand.
- We saw staff treated patients with kindness, respect, and maintained patient and information confidentiality. The practice carried out a survey to ascertain whether patients were happy with the level of privacy, 92% responded positively.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding 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 where these were identified. The practice engaged with the local church who were running a fortnightly dementia café, staff were actively identifying and referring patients where appropriate. Staff were attending community meetings with the local fire service, police and local housing associations to discuss community related issues.
- Patients said they found it easy to make an appointment with the GP and 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, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice nurse and community pharmacist were carrying out joint home visits for patients unable to access the practice due to their health and mobility, these patients were regularly discussed during Multi-disciplinary (MDT) meetings.

Are services well-led?

Good

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 this. We saw the surgery's mission statement displayed in waiting areas and clinic rooms.

Summary of findings

- There was a clear leadership structure and staff we spoke to felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular meetings to share updates.
- The provider was aware of and complied with the requirements of the duty of candour. The management encouraged a culture of openness and honesty. The practice had systems in place for reporting of safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and was involved in improving service delivery.
- The practice were conducting audits and surveys to support continuous learning and improvement at all levels.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Seventy-five per cent of patients aged 75 and over had received health checks in the last 12 months.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Staff we spoke to told us they were targeting patients where appropriate and offering joint home visits carried out by the community pharmacist and practice nurse.
- Patients who were identified as frequent attendees at accident and emergency (A&E) departments were invited in to see the GP or practice nurse to review their health needs.
- We saw that the practice were holding fortnightly multi-disciplinary (MDT) meetings attended by community matrons and district nurses to discuss patients with multiple medical problems.
- We saw posters and referral processes in place for those who required support from Age UK.
- The practice were engaging with the local church who were running a fortnightly dementia cafe. We were told that the practice were actively identifying and referring patients. The staff were registered as dementia friends and the practice manager had completed a NVQ in dementia care. We saw data which showed that the practice were continually improving dementia diagnosis. For example between April 2014 and March 2015 the practice increased their diagnosis rate from 70% to 93%. We saw that 95% had a care plan in place and 93% have had a medication review within the last 12 months.

Summary of findings

People with long term conditions

Good

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

- The practice accessed external nursing staff who had lead roles in chronic disease management, for example a specialist nurse from the Chronic Obstructive Pulmonary Disease COPD & heart failure team held sessions at the practice. Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example 91% compared to CCG average of 91%, and national average of 89%.
- Longer appointments and home visits were available when needed.
- Clinical staff carried out structured annual reviews to check patients health and medicines needs were being met. For those patients' with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to national average for all standard childhood immunisations; there were systems in place which involved the health visitor who followed up children who had not attended for their immunisations.
- We saw evidence that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Summary of findings

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

Good

- The needs of the working age population, those recently retired and students had been identified and the practice adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended services were offered on Thursday evenings after 6:30pm and the practice nurse offered two late evening clinics per week.
- The practice were proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. There were advance bookable appointments available on line each day.
- Forty-two per cent of working age patients had their blood pressure recorded in the last 12 months.

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

Good

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and their carers were offered health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example we saw that the practice were working with Walsall learning disability community service.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff we spoke to were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and knew how to contact relevant agencies in and out of normal working hours.

Summary of findings

Good

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).

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, this was comparable to the national average.
- 92% of patients with a mental health disorder had a comprehensive, agreed care plan documented in their record in the last 12 months, which was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Patients were also referred to a dementia café. Staff we spoke to told us that the practice staff were registered as dementia friends.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw that patients were able to access mindfulness audio CDs via the practice website.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016, results showed in most areas the practice was performing in line with local and national averages. Three hundred and forty-seven survey forms were distributed and 97 were returned. This represented 28% response rate compared to national average of 38%.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received a total of 23 comment cards which were all positive about the standard of care received. For example patients found staff to be friendly and the doctors excellent. Patients also found the practice to be very clean and tidy.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the friends and family test identified that 88% of patients would recommend this practice to a family member or friend.

Areas for improvement

Action the service SHOULD take to improve

- Provide notices in the reception area advising patients that chaperones were available
- Consider developing a contingency plan in the absence of the practice nurse.
- Continue to seek a completed risk assessment from NHS Property Services Ltd who were the landlords of the building.
- Consider how they could proactively identify and support carers.

Outstanding practice

We saw two areas of outstanding practice:

The practice organised an annual health fair in the local church hall to promote and increase access to a range of healthcare services. The practice nurse carried out blood tests and there were stalls offering information on money matters, Macmillan palliative care, dementia and weight management. The Local Mayor attended to open the event and the local newspaper wrote a positive article on its success.

The practice engaged with the local church who were running a fortnightly dementia café, they actively identified and referred patients. Staff were registered as dementia friends and the practice manager had completed a NVQ in dementia care in order to continually improve their ability to identify, diagnose and support patient with dementia . As a result between April 2014 and March 2015 the practice increased their diagnosis rate from 70% to 93%.

Care Quality Commission

Dr Gian Singh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included an inspection manager, GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and a expert by experience.

Background to Dr Gian Singh

Dr Gian Singh is also known as Beechdale Health Centre. The practice is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of depravation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Dr Gain Singh are below the national average. The patient list is precisely 2768 of patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. These directed enhanced services include, childhood vaccination and immunisation scheme, Extended Hours Access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal immunisations, minor surgery, Risk Profiling and Case Management, Rotavirus and Shingles Immunisation, and Unplanned Admissions.

The practice is situated on the ground floor of a multipurpose building shared with the community team. There is parking available and includes parking for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchairs, mobility scooters and prams.

The practice staffing comprises of one male GP, one practice nurse who is an advanced nurse prescriber, one practice manager, one senior receptionist and two receptionist staff. The practice also accesses support via Walsall Clinical Commissioning Group (CCG) community pharmacist to co-ordinate their medicines optimisation.

The practice is open between 8:30am to 6:30pm on Mondays, 8:30am to 6pm on Tuesdays, Thursday and Friday, 8:30am to 1pm Wednesday s.

GP consulting hours are from 8:30am to 11:30am and then 4:30pm to 6:30pm on Mondays, 8:30am to 11:00am and 4pm to 6pm on Tuesdays, 8:30am to 11am on Wednesdays, 8:30am to 11:00 and 3:30pm to 5:30pm on Thursdays, 8:30am to 10:30am and 3:30pm to 6pm on Fridays. Prior to inspection there were no formal arrangements for calls received out of hours period, however following the inspection we were told the phone lines would open at 8am and there were plans in place for reception staff to receive incoming calls, the GP would be contacted in the event of an emergency.

Detailed findings

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 held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised 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.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice had developed a spreadsheet to ensure all staff had received, accessed and completed action points which included recording of patient involvement. Incidents were reported internally, investigated and reviewed by competent staff. Actions were documented to prevent further occurrence. For example:

- 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 incident recording form supported the recording of notifiable incidents under 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).
- Minutes from practice meetings demonstrated that significant events were discussed with the wider team and actions agreed. Staff involved in incidents received information about the outcomes and learnings. For example the practice manager discussed incidents with non-clinical staff; we saw that these were well documented.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events. For example a failure to continue with prescribed medication following hospital discharge resulted in the practice reviewing their process for managing and actioning discharge summaries. As a result we were told that all discharge notifications were being recorded by GPs to verify they had been read and actioned accordingly. The computer system was used appropriately to ensure medication requirements and changes were passed to designated staff members.
- The practice took appropriate action when notifying commissioners following a significant event regarding the handling of blood specimens once it had left the practice. We saw evidence that the practice reported the incident to Walsall Local Medical Committee, Quality Concerns Walsall (CCG) and NHS England. This triggered a review and implementation of new measures to reduce any reoccurrence.

We reviewed safety records, incident reports and patient safety alerts and minutes of meetings where these were discussed. We saw that incidents were discussed during meetings and actions taken to reduce reoccurrence. We saw a robust system in place for managing alerts, for example the GP emailed Medicines and Healthcare products Regulatory Agency (MHRA) alerts to the practice nurse and community pharmacist. The community pharmacist were maintaining records of alerts and actions taken. We reviewed the last three alerts and saw that these were reviewed, disemminated, patient searches had been carried out and actions taken in a timley manner.

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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to the appropriate level in child protection or child safeguarding. The practice nurse also received training in female genital mutilation (FGM), awareness videos were available via the practice website as part of health advice.
- We saw that when safeguarding concerns were raised there were clear communication with the Health Visitors and outcomes were documented.
- Staff we spoke with who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify

Good

Are services safe?

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). Notices advising patients that chaperones were available if required were only visible in the clinical rooms and not in the reception area.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control 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 annual infection control audits were undertaken. For example; the practice scored 93 out of a possible 100 following an audit carried out by Walsall infection control team within the last 12 months. We saw that actions were taken to address any improvements identified as a result.
- 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). 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.
- We saw that appropriate actions were taken following the identification of a vaccination fridge failure. We saw that the incident was clearly documented, patients who may have been affected were notified, a cold chain policy initiated and the practice implemented processes to reduce the risk of recurrence.
- There was a system for the management of prescription stationery. The practice nurse had qualified as an Independent Prescriber, therefore prescribe medicines for specific clinical conditions. The practice nurse received mentorship and support from the GP for this extended role.
- Robust processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example; the community pharmacist reviewed patients on high risk and multiple medication; joint medication reviews where then carried out either at the practice or patients home by the practice nurse and community pharmacist who were both independent prescribers.
- Systems and procedures were in place to manage medication changes, repeat prescriptions, monitor patients with long term conditions medication and prescriptions not collected. We were told that between 30% and 40% of medication reviews were conducted by the community pharmacist. We tracked some patients on high risk medications and saw that they were coded; alerts were appropriately in place and blood tests were completed when appropriate.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that appropriate indemnity insurances was in place for clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Although there was a health and safety policy available we were not provided with evidence that a general health and safety risk assessment had been carried out. We saw evidence that the practice were actively seeking to obtain a completed risk assessment from NHS Property Services Ltd who were the landlords of the building. Following the inspection the practice provided a copy of a completed internal health and safety policy.
- The practice had up to date fire risk assessments and carried out regular fire drills, we were told that fire alarms were checked weekly and the information held by NHS property services Ltd. Following the inspection the practice provided a log which demonstrated checks have been carried out.
- 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager kept a diary of staff availability and annual leave request to

Good

Are services safe?

ensure enough staff were on duty. We were told that staff provided cover during busy periods therefore the practice has never had to use agency for reception or administration cover. We were told that the practice used the same locum doctor in the event of an emergency however were not using locums to cover practice nurse clinics. We were told that GP locum cover had been used once in the last 12 months however there were no contingency plans in place to cover nurse's absence.

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 and contractors. We were told that the practice had an agreement with the local church hall where the practice would temporary operate from in the event of a loss of building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The GP received National Institute for Health and care Excellence (NICE) guidelines (advice to improve health and social care) from Walsall CCG, these were made available on the practice computer system, paper versions were available in clinical rooms and discussed during practice meetings.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example staff we spoke with told us they were keeping up to date by reading journals, peer discussions, practice forums, discussed during staff meetings and training. We saw a poster displayed relating to NICE guidelines in the management of Diabetes. The GP were also assessing nurses training needs through yearly appraisals using the Nursing and Midwifery Council template.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. For example we saw that the GP was actively carrying out searches and proactively engaging with the community pharmacist. We were told that the nurse would meet with the GP to work out monthly plans and priorities.
- We saw that the community pharmacy was monitoring patients to ensure appropriate medications were being prescribed, for example we saw that the patients were appropriately coded when medication had been reviewed.

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 95% of the total number of points available.

This practice was not an outlier for the majority of QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example 91% compared to CCG average of 91%, and national average of 89%.
- Performance for mental health related indicators was above the national average. For example 92% compared to CCG average of 91% and national average of 88%.
- However for breast cancer screening 62% of females, 50-70 were screened for breast cancer in the last 36 months (3 year coverage, %), compared to CCG and national average of 72%.

  We were told that the practice were using their annual health fair to engage with patients for example outreach nurses were using this as an opportunity to encourage patients to attend screening and Macmillan team were providing information to patients. We also saw cancer information and screening posters and leaflets located in the reception area.

  There was evidence of quality improvement including clinical audit.
- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored; six were in their first cycle.
- Findings were used by the practice to improve services. For example: :

Between 2013/14 the practice patient Accident & Emergency (A&E) departments attendance was above average with 932 presentations. We saw that processes were in place to reduce this number. For example patients were identified and invited to see the practice nurse or GP. We saw that avoidance/urgent care admissions plans were in place and patients with Chronic Obstructive Pulmonary Disease (COPD) (a collection of lung disease) who had used two or more rescue packs were given self-management

Good

Are services effective?

(for example, treatment is effective)

plans and referred to the COPD community team. The practice carried out a second audit the following year 2014/15 and we saw a reduction in A&E attendance down to 554 presentations.

The practice opportunistically screened patient over the age of 65 for Atrial Fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) by checking their pulse rate during the 2012/13 winter flu season. The practice identified 62 patients at risk, 25% were not receiving appropriate treatment. The practice identified patients who were deemed high risk and commenced appropriate therapy. The practice re-audited in 2015 and identified the number of patients not in receipt of Anti-coagulation treatment reduced to10%.

Information about patients' outcomes was used to make improvements, for example:

The practice identified a high prevalence of smokers, we were told that they were referring all identified smokers to the QUIT smoking service. The number of patients signposted increased from 26 (2012/13) to 157 (2014/15), patient smoking status also reduced from 535 to 342 over a three year period.

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, the practice nurse was also a nurse prescriber therefore took on a greater clinical responsibility.
- Staff administering vaccines 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 practice utilised external expertise, for example we were told that the practice invited a Walsall Healthcare outreach nurse to their annual health fair to speak to patients in an attempt to increase the uptake of screenings. As a result we saw that the outreach nurse was providing cervical cytology screening from the practice every two weeks.
- 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 and we were told that the GP attended continual professional development (CPD) sessions every two months at a local private hospital.
- 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.

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 proactively 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. There were systems in place to see patients after discharge from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Staff we spoke to were using resources available, for example the practice nurse engaged and referred patients to COPD & heart failure team. The practice identified that they were a small team, therefore to meet patient needs we

Good

Are services effective?

(for example, treatment is effective)

saw joint working with community and outreach teams. For example ante-natal clinics were provided once per week, there were a phlebotomist three mornings per week and a diabetic nurse specialist one afternoon per month.

We spoke to the community matron and case manager; we were told that there were effective liaison between the practice and wider health care team. Multi-disciplinary meetings (MDT) to discuss palliative care patients, A&E avoidance, frail patients, new referrals and any concerns took place every two weeks and were well attended.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- The process for seeking consent was monitored through patient records audits, we saw that there were consent forms in place and used before carrying out minor surgeries.

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, homeless and the traveller community. Patients were signposted to the relevant service where appropriate.
- Access to health trainers were available off site and smoking cessation advice were accessed from a local QUIT smoking support group.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The cervical cytology outreach nurse told us that there was a support group available for patients diagnosed with cervical cancer. We were told that the practice produced a list of non-attenders, patents were then contacted by telephone and text and appointment arranged with the outreach nurse.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 97% to 100%.

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.

The PPG told us that they were involved in promoting the flu vaccination, for example the group put an article in the local paper (The Noize) which we were told was a popular community paper, advising people to attend the practice. We saw that during the 2014/16 and 2015/16 flu season the practice had an 82% vaccination uptake rate.

The practice organised an annual health fair for the past three years in the local church hall. We were told that initially attendance were very low; however the practice used the successful flu vaccination uptake as a lever therefore held the health fair during the flu season. We saw that patient attendance increased, for example from 12 patients in year one to approximately 50 patients in year three. We were told that the nurse carried out blood tests, there were stalls offering information on money matters, Macmillan palliative care, dementia and weight management. The Local Mayor attended to open the event and we saw a positive article on its success written in the local newspaper.

Good

Are services effective?

(for example, treatment is effective)

The PPG were also involved in promoting childhood healthy eating, for example we were told that children were given a sweet for bravery following vaccinations however the PPG pushed for this to be changed. As a result children were given fruit instead of a sweet.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. For example the PPG provided positive examples where the GP proactively made appropriate referrals to other healthcare providers.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We 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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and screens also had facilities for larger fonts for patients using the electronic signing in system.

Good

Are services caring?

- Patients with hearing difficulties and visual impairments were identified; summaries were recorded in the patient's records. We were told that the practice accessed linguistic services and utilised internet translation tools. The practice used a portable hearing loop.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (0.8% of the practice list). Staff we spoke to advised us that 400 patients were over 65 and during discussions with these patients they identified a number of unofficial carers. We were told that the practice were aware of a high proportion of patients who were carers however these patients did not wish to be flagged as carers. We saw information in reception to direct carers to the various avenues of support available to them. We also saw that the practice's new patient registration form included a section for carers. The practice were also using their annual health fairs as an opportunity to engage with carers. We saw that there was a section on the practice web page designated for carer and a link to Walsall Carers Centre.

Staff told us that if families had suffered bereavement, the GP contacted them and also sent them a sympathy card; we were told that they were also attending the funerals of their elderly patients. The call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw bereavement leaflets in the reception area and information on terminal illness support.

Outstanding ☆

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, Clinical Commissioning Group (CCG) and the local community to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Thursday evening until 7:40pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- We saw that the practice monitored and reviewed the amount of extra consultation time offered to patients who needed extra support. We were provided with data which identified that the GP and nurse had both provided additional consolation times to those requiring it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. We were told that the practice nurse and community pharmacist were carrying out joint home visits to review patients medication and care plans. We saw that the practice held a list of patients who were house bound and were discussing any concerns during MDT meetings.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice engaged with the local church that were running a fortnightly dementia cafe. We were told that the practice were identifying and referring patients. The staff were registered as dementia friends and the practice manager had completed a NVQ in dementia care. We saw data which showed that the practice were continually improving dementia diagnosis. For example between April 2014 and March 2015 the practice increased their diagnosis rate from 70% to 93%. We saw that 82% of patients with dementia had a care plan in place, 93% have had a medication review within the last 12 months and 64% have had a face to face review within the past 12 months.
- Patients who were homeless or travellers were able to register with the practice. We saw that these patients were flagged on the system, their medication was being reviewed and we saw that they had a face to face review in the last 12 months. Staff we spoke to told us that patients were also assigned a community support worker.
- The practice were actively involved in the community, for example staff we spoke to told use that they were attending community meetings at the local church, these meetings were attended by the fire service, community police and housing officers. We were told that information resulted in the practice increased staff safety by escorting staff members to their cars. We were also told that during the summer holidays children were signposted to the local outdoor gym and referred to health trainers. We were also told that the practice published a doctor's corner in the local newspaper.

Access to the service

The practice was open between 8:30am and 6:30pm on Monday, 8:30am and 6pm on Tuesday and Friday, 8:30am and 1pm on Wednesday, 8:30am and 7:40pm on Thursday. Appointments were from 8:30am to 11:30am and 4:30pm to 6:30pm on Monday. 8:30am to 11:00am and 4pm to 6pm on Tuesday. Wednesday 8:30am to 11am. Thursday 8:30am to 11am and 3:30pm to 5:30pm. Friday 8:20am to 10:40am and 3:30pm to 6pm. Extended hours appointments were offered on Thursday from 6:30pm to 7:40pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Post inspection we were told that the practice phone lines were open from 8am.

Staff we spoke with told us that the practice decided to undertake an internal survey to assess whether patients were happy with the practice opening times. We saw that the practice received 97 completed survey forms, 98% of patients were happy with the practice opening times.

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

For example, staff we spoke to advised us that patients medical requests were passed to the GP for triage. We were told that the GP carried out home visits during the afternoon. 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, we were told that alternative emergency care arrangements were made by the GP. 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 a robust and compassionate complaints process.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example we saw posters displayed, feedback forms and a suggestion box located in the reception area. Staff we spoke to told us that the designated person were responding to patient's complaints and suggestions within 48 hours of receipt.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, action were taken as a result to improve the quality of care. For example, we saw that a new process were implemented to support non-medical staff when sharing test results. Staff we spoke to told us that the GP were adding comments to patients' records and non-clinical staff were advised to seek advice from a member of the clinical team to prevent recurrence. We also saw that the practice were actively accessing support from the Medical Protection Society when responding to complaint as part of a MDT, we also saw that the practice attended a joint lessons learnt meeting to explore the outcome of the complaint.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas, clinic rooms and staff we spoke to knew and understood the values.
- Staff we spoke to told us that the practice vision was to be a part of the local community; using services within the community to provide high quality care.
- The practice had a 2014/18 business plan in place which we viewed during the inspection however we did not see how the business plan linked to the surgeries vision and values. We saw that management were discussing risks associated with being a single handed practice. For example staff we spoke to told us that the practice were discussing employing a salaried GP and exploring the risk of losing their single handed GP status as a result of being taken over by federations.

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 staff we spoke to were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- We saw evidence of continuous clinical and internal audits which were used to monitor quality, maximise learning and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. During the inspection we saw that the practice were actively seeking to obtain fire equipment checks and general health and safety risk assessment from NHS property services. Following the inspection we were provided with evidence that fire alarms were being checked and the practice carried out an internal health and safety risk assessment.

Leadership and culture

On the day of inspection the GP 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 we spoke to told us the GP and management were approachable and always took the time to listen to all members of staff.

The GP was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- We saw that the practice kept written records of verbal interactions as well as written correspondence.

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

- Staff we spoke to told us the practice held fortnightly team meetings where significant events and practice news were discussed.
- Staff we spoke to 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 we spoke to said they felt respected, valued and supported and they felt involved in discussions about how to run and develop the practice. We were told that the practice had a open door culture, the GP and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good

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

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, practicepracticepractice
- We were told that the staff were concerned about the reception area open layout and whether patients were happy with the level of privacy at reception. The practice carried out a questionnaire and we saw that 97 completed forms were returned, 92% were happy with the level of privacy and 7% were unhappy.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion.Staff we spoke to told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example we were provided with details of how the practice responded to a vaccination fridge failure which had been raised by a member of staff. We saw clear action plans and processes which were in place to reduce the risk of recurrence.Staff we spoke to told us they felt involved and engaged to improve how the practice was run, we saw a positive supportive team spirit throughout the inspection.

Continuous improvement

There were a focus on joint working, continuous learning and improvement at all levels between the practice and wider community healthcare teams to improve outcomes for patients in the area. For example we were told that the community nurse set up a support group for patients diagnosed with cervical cancer. We saw video testimonies of patients who found the e-consultations and mobile apps very useful. Sixty-five per cent of patients surveyed said they would like to see improved access to mental health service with shorter waiting times. We were told that the practice looked at alternative solutions, for example the practice were offering mindfulness audios as recommended by National Institute for Health and Care Excellence (NICE) as a way to prevent depression in people who have had three or more bouts of depression in the past.