

Quinton Family Practice

Quality Report

406 Quinton Road West
Quinton
Birmingham
B32 1QG
Tel: 0121 421 6011
Website: www.lordswood.org.uk

Date of inspection visit: 20 November 2015
Date of publication: 10/03/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Quinton Family Practice part of the Lordswood House Group on 20 November 2015. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored and appropriately reviewed and addressed.
- There were systems in place to manage risks to patients who used the services but these were not well implemented in all areas. For example, evidence of equipment checks.
- Patients' needs were addressed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients were positive about the care and treatment they received. They said they were treated with dignity and respect and were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand.
- Patients were satisfied that they were able to obtain an appointment with a named GP and that 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 senior staff and partners at the practice. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvements:

- Ensure risks have been assessed and implement any actions in relation to the safe and secure management of records.
- Maintain accurate records to ensure checks of emergency equipment have been completed.

Summary of findings

- Ensure all staff receive feedback from meetings, when they are unable to attend.

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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. Although there was evidence that risks to patients who used services were assessed, the processes to address these risks were not always implemented well enough in all areas to ensure patients were kept safe. For example, evidence of equipment checks and the safety and security of records.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of their responsibilities in relation to safeguarding patients.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff. Staff worked collaboratively with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services.
- Patients received continuity of care through a named GP and patients could obtain appointments with this GP if they wished.
- Urgent appointments were 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 that the practice responded quickly to issues raised. Learning from formal complaints was shared with staff and other stakeholders.

Good



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 had been involved in developing the ethos of the organisation and were clear about the vision and their responsibilities in relation to this
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. There was a strong focus on performance and service improvement.
- There were systems in place to monitor and improve quality and identify risk but these were not always well implemented, for example, the oxygen and defibrillator were fit for use, however there were no records confirming regular checking of this equipment.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement.

Good



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



- Patients received personalised care from a named GP to support continuity of care.
- The practice was responsive to the needs of older people offering home visits and urgent appointments for those who needed them.
- Named GP for the management of patients in older age group.
- The premises were accessible to patients with mobility difficulties.
- Secondary care services such as audiology and ophthalmology were available locally to patients at the provider's main practice for the convenience of patients.
- Nationally reported data showed that the outcomes for patients with conditions commonly found in older people were consistently better than other practices in the CCG area and nationally.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the national average.
- Shingles vaccinations were also available for eligible patients.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Patient record systems were compatible with the hospice so that patient information could be shared real time supporting timely care and treatment.

People with long term conditions

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

Good



- Patients with long term condition had a named GP responsible for the co-ordination and management of their care needs.
- The practice worked with other health and care professionals to plan to deliver a multidisciplinary package of care for those with the most complex needs.
- Clinical staff had lead roles in chronic disease management to provide appropriate support and were appropriately trained for these roles.

Summary of findings

- Nationally reported data showed that the outcomes for patients with long term conditions were consistently better than other practices in the CCG and nationally. For example, QOF points received for the management of patients with conditions such as diabetes, asthma and heart failure were all higher than the CCG and national averages.
- Performance for diabetes related indicators was at 97% which was higher than both the CCG average and national average of 89%.
- Longer appointments and home visits were available for those who needed them.

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 or failed to attend for immunisations.
- Uptake of childhood immunisation rates comparable to the national average and flexible approach was used to ensure children received their vaccinations.
- There was evidence of effective joint working with midwives and health visitors.
- Paediatric out patients services were hosted at Lordswood House Group Medical Practice which is the main practice site for the convenience of patients.
- Uptake of cervical screening was comparable to CCG and national averages.
- 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 and flexible. For example extended opening and online services for the convenience of patients who worked or had other commitments during the day.

Good



Summary of findings

- A range of health promotion and screening was available including NHS health checks, smoking cessation and travel advice and vaccinations.
- Use of text reminders for appointments.
- Sexual Health and contraceptive services.

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 for example those with a learning disability and carers enabling additional support to be provided.
- The provider was in the process of training staff to provide comprehensive health checks for those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people to support their care needs.
- Patients were referred to and signposted to access various support groups and voluntary organisations, For example, counselling services and substance misuse services hosted at Lordswood House which is the practices main site.
- 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.

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).

- The practice held a register of patients experiencing poor mental health and documented care plans that had been agreed with the individual, their family and/or carers as appropriate.
- Patients had access to counselling services and could also self-refer to the Improving Access to Psychological Therapies (IAPT) who provides support to those with common mental health conditions such as anxiety and depression.

Good



Summary of findings

- The provider had increased the register for patients with dementia between April 2014 and March 2015 from 93 to 116. This showed that they were actively identifying patients in order to ensure they received appropriate support at the earliest opportunity.
- The practice had obtained support from a 'dementia friend' to help educate staff in relation to dementia.
- Although no formal meetings took place the practice described good working relationships with the community mental health team through regular telephone contact.

Summary of findings

What people who use the service say

The national GP patient survey results for this practice published in July 2015 incorporates data for all three locations under the provider Lordswood House Group Medical Practice. The results showed the practices collectively performing in line with and above the CCG and national averages in most areas. There were 109 responses and a response rate of 40%.

- 83% found it easy to get through to the surgeries by phone compared with a CCG average of 62% and a national average of 74%
- 80% found the receptionists at these surgeries helpful compared with a CCG average of 83% and a national average of 87%.
- 67% of patients with a preferred GP usually got to see or speak to that GP compared with a CCG average of 58% and a national average of 61%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%

- 96% said last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%
- 76% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 74%
- 81% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%
- 66% felt they did not normally have to wait too long to be seen compared with a CCG average of 45% and a national average of 58%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards. Patients overall were very positive about the care they received from the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Action the provider **SHOULD** take to improve:

- Ensure risks have been assessed and implement any actions in relation to the safe and secure management of records

- Maintain accurate records to ensure checks of emergency equipment have been completed.
- Ensure all staff receive feedback from meetings, when they are unable to attend.

Quinton Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager adviser and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Quinton Family Practice

Quinton Family Practice is one of three locations registered with CQC under the provider Lordwood House Group Medical Practice. Collectively the practices have approximately 25,000 patients. Quinton Family Practice has approximately 3,300 of these patients registered at their location. Data available and included in this report relates to all three practices.

The staffing, policies, systems and procedures are centrally managed and are reflective across all three registered practices. We inspected the main site Lordwood House Group Medical Practice on the 11 September 2015 and have inspected both remaining sites Quinborne Medical Practice and Quinton Family practice on the 20 November 2015. All three practices are registered individually with CQC, and therefore each site has an individual report and rating. However, as the provider has one General Medical Services (GMS) contract, patient list and clinical data system the data included in this report reflects all three practices.

The practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design

local health services in England. They do this by 'commissioning' or buying health and care services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice merged with a larger partnership in 2008 and the premises were redeveloped in 2011. Based on data available from Public Health England, deprivation in the area served by the three practices is slightly higher than the national average.

The practice is open:

- Monday 8.30am – 6.00pm
- Tuesday 8.30am – 6.00pm
- Wednesday 8.30am – 6.00pm
- Thursday 7.30am – 1.00pm and 5.30pm – 7.30pm
- Friday 8.30am – 6.00pm

Appointments are available Monday and Friday 8.30am – 11.20am and 3.50pm – 5.40pm, Tuesday and Wednesday 9.00am – 11.40am and 4.30pm – 6.00pm, Thursday 7.30am – 10.50am and 5.30pm – 7.15pm.

When the practice is closed during the out of hours period (6.30pm to 8am) patients receive primary medical services through an out of hours provider (BADGER).

The practice has two GPs (male and female). Other practice staff consist of a practice nurse, practice manager and a team of administrative staff. Staff from the other locations provide cover for nursing and administrative functions when required.

The practice has not previously been inspected by CQC.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time. It also incorporates data from the two other locations registered with CQC under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 November 2015.

During our visit we:

- Spoke with a range of staff (including GPs, the practice manager, the nurse and health care assistant).
- Spoke with patients who used the service.

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the documents that were made available to us.
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

The practice had a system in place for reporting, recording and monitoring significant events. Both clinical and non-clinical staff were aware of their responsibilities for reporting incidents and near misses and were encouraged to do so. Significant events were routinely discussed and learning shared at the monthly 'reflective meetings' which involved clinical staff from across the provider's three locations. The practice nurse worked part time and was unable to attend all of the meetings and did not regularly receive feedback. The practice also discussed and shared the learning from significant events with other practices within their local clinical network.

Five significant events had occurred since April 2014 across the provider's three locations. There was evidence that incidents were investigated and action taken to mitigate the risk of reoccurrence.

Clinical staff received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) directly by email. The practice had nominated leads who were responsible for responding to alerts relating to equipment and medicines. The GP medicines management lead covered the providers three locations and shared any important information from the alerts with clinical staff via notifications. The medicines lead also worked closely with the CCG pharmacist to undertake audits in response to alerts received.

Overview of safety systems and processes

The practice had some systems in place to keep people safe and safeguarded from abuse, which included:

- The practice had arrangements in place to safeguard vulnerable adults and children from abuse. Staff demonstrated they understood their responsibilities in relation to safeguarding relevant to their role. Contact details were accessible to staff and patients for reporting safeguarding concerns to the relevant agencies responsible for investigating. 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. Lordswood House Group Medical Practice had a lead GP for safeguarding, and staff knew who this was if they needed advice or support.
- There was a chaperone policy in place and notices were visible in the clinical rooms and in reception advising patients that they could request a chaperone during an examination or a procedure. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). It was usually the practice nurse or health care assistant who would act as chaperone and members of reception staff who had received training and an enhanced 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. Cleaning schedules were in place and completed to demonstrate cleaning had been undertaken. Staff had access to personal protective equipment such as gloves, aprons and wipes. Appropriate hand washing facilities were available in the clinical rooms and toilet facilities along with notices on hand washing techniques. Infection control policies and procedures were in place including those relating to hand washing and for cleaning spills of bodily fluid. The Quinton Family Practice staff were unsure who the lead for Infection Prevention and Control (IPC) was. An in-house infection control audit had been undertaken across the provider's three practices within the last 12 months. We saw evidence of action taken in response, such as ensuring waste bags were securely tied. Appropriate arrangements were in place for the safe disposal of clinical waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). A repeat prescribing policy was in place which detailed the arrangements for monitoring repeat prescriptions. Designated members of staff were trained to process repeat prescriptions. The lead GP for medicines management provided support and guidance to staff across the provider's three locations. Patients on repeat medicines received, at the minimum an annual medication review and we saw evidence that patients on high risk medications were followed up appropriately. Regular medication audits were carried out with the support of the local CCG pharmacist to

Are services safe?

ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Records were maintained to ensure medicines including vaccinations were in date, stored appropriately and fit for use.

- There were no new employees at the practice. Most records reviewed had appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and appropriate checks through the Disclosure and Barring Service (DBS). There were four that did not have proof of identification and the practice have rectified this and reviewed the recruitment policy.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office. The policy included areas such as the management of clinical waste and handling specimens. The premises appeared well maintained. We saw that fire equipment was maintained and the alarm had been tested on a monthly basis, a fire drill had been undertaken in November 2015. Staff had access to Health and Safety Training. The practice also had a variety of risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health, infection control and legionella.
- We saw evidence that electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked and calibrated to ensure it was working properly.
- Staff told us there were enough staff to maintain the smooth running of the practice and to keep patients safe. There was a limit on the number of GPs that could

be on leave at the same time. Staff told us that they rarely used locum staff and that they were usually able to cover for each other during annual leave and other absences.

- Paper records for the provider's three practices were stored at the Quinton Family Practice site. We identified potential risks in relation to the arrangements relating to the security. The practice told us that they had sought guidance from the Primary Care Trust when the premises had been built but did not have any risk assessments in place to ensure risks in relation to accidental loss, destruction or damage to personal data were appropriately managed. For example, the fire alarm system was not linked to the emergency services.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to manage medical emergencies.

- The practice had a defibrillator (device used in heart emergencies) available on the premises and oxygen with adult and children's masks, the oxygen and defibrillator were fit for use, however there were no records confirming regular checking of this equipment.
- Emergency medicines were also available and easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff were able to alert other members of staff to an emergency through the computer system.
- Evidence from certificates demonstrated that staff had received annual basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might need to be contacted in an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Weekly educational meetings were held to enable staff to keep up to date with best practice. Clinical staff too responsibility for researching NICE guidance and sharing it with other members of the team.
- The provider maintained a document library of commonly asked questions from secondary care. This provided a resource for staff and the sharing of knowledge to support patient care.
- The practice monitored the use of best practice guidance through audit. For example in the management of heart conditions.
- The practice nurse has recently completed a diabetes management course and asthma management update. This has led to the commencement of bi-annual audits for diabetes and review of inhaler use in asthmatic patients.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). QOF data for this practice incorporates data for all three of the providers locations registered with CQC under the Lordswood House Group.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most current published data from 2014/15 showed that the practice had achieved 99% of the total number of QOF points available, which was higher than both the CCG and national averages, although exception reporting was also higher than the CCG and national average at 11%. Exception reporting is where the practice may exclude patients for reasons such as non-attendance for reviews. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was at 97% which was higher than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was at 85% which was higher than the CCG average 83% and the national average 84%.
- Performance for mental health related indicators was at 100% which was higher than the CCG average 92% and the national average 93%.
- The percentage of patients with dementia diagnosis was 0.5% which was below the CCG average of 0.6% and national average of 0.7%.

Although, the practice was not an outlier for any QOF or other national clinical targets we did identify and discussed the areas in which the practice scored lower than both the CCG and national averages. This included dementia diagnosis, the practice told us that they were reviewing records as they believe there may be some coding issues. That they had also recently signed up to the enhanced service for dementia to support early diagnosis and referral to specialist care for this condition. We saw evidence of progress being made in this area. The practice also showed that over the last year, through dementia screening they had improved the dementia registers from 93 to 116 so that this group of patients could be better supported at an earlier stage.

With cervical screening the practice had reviewed those that were overdue and sent a personal letter to try and appeal to patients to attend, they believed that early signs were showing this to be successful.

Clinical audits were carried out to support service improvement. We reviewed over 10 audits that had been carried out over the last two years by staff. The findings from audits were shared with staff at the practices reflective meetings. We looked at four completed audit cycles for the management of atrial fibrillation (heart condition), diabetes, antibiotic and contraceptive prescribing which had shown improvements in the management of patient care.

Effective staffing

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

- There was a low turnover of staff and low use of locum staff which supported continuity of care.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed staff which consisted of shadowing opportunities with more experienced members of staff and access to on-line training. We spoke to one new member of staff who confirmed they had received an induction when they first started.
- Records showed that staff had undertaken training in areas such as safeguarding, basic life support and fire safety. All staff had access to and made use of e-learning training modules which covered a range of subject areas.
- The learning needs of staff were identified through a system of appraisals. Staff we spoke with confirmed that they received annual appraisals. Staff discussed with us training opportunities they had been given to develop skills in line with their roles and responsibilities and access to study leave. Staff we spoke with confirmed that they had received appraisals.
- The GPs we spoke with confirmed they were up to date with requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- Staff undertook various lead roles within the practice to support the management of patients. These included the management of long term conditions.
- The provider held regular educational meetings in which outside speakers were invited to attend. All staff were invited to these.

Coordinating patient care and information sharing

There were systems in place for ensuring information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Clinical Staff confirmed that the information was available when they needed it.

- Staff had clear roles and responsibilities for ensuring information received electronically and by post were processed quickly and available for the doctors to review.
- The practice shared relevant information with other services in a timely way, to support the continuity of care. For example, practice systems were compatible with the hospice so information and issues arising could be dealt with in real time. Information was also sent to

the out-of-hours service as appropriate to ensure they were aware of any specific patient requirements and letters given to patients when referred to hospital in an emergency.

- Staff worked together and with other health and social care services to support and meet the needs of some of the most vulnerable patients. Multi-disciplinary team meetings took place regularly. The electronic patient record system used by the practice supported the provision of patient care. The system was compatible with that used by the district nurses and midwives.

Consent to care and treatment

The GPs we spoke with were aware of the relevant legislation and guidance in relation to consent and decision making and their duties in fulfilling it including the Mental Capacity Act 2005 and in relation to children and young people. We saw that some of the clinical staff had received training in this area. Clinical staff were able to give examples of how they had applied legislation and guidance in practice when assessing patients capacity to consent and in the care of young people. The practice told us how they had worked with other health professionals to ensure patients understood treatment and provided opportunities for young people to speak with clinical staff in private. Information on Gillick guidelines when assessing capacity to consent in children and young people was displayed in the practice.

Health promotion and prevention

- The practice identified patients who may be in need of extra support.
- Systems were in place for the follow up of patients with long term conditions and patients who have had unplanned admissions in order to review their care needs.
- Smoking cessation services were available to patients at one of the providers other locations.
- Travel advice and clinics were also available. Yellow fever vaccination was available at the practices main site.
- The practice offered health checks to all new patients and NHS health checks for people aged over 40 to 74 years. Any concerns were referred to the GP as appropriate.
- Sexual health clinics were held in recognition of the practice population, staff received additional training for this. Services available included HIV testing.

Are services effective?

(for example, treatment is effective)

The provider's uptake for the cervical screening programme was 77%, which was slightly below the CCG average of 79% and the national average of 82%. Letters were sent to encourage patient attendance. The practice nurse kept records of tests undertaken and results to ensure they had been received.

Patient uptake of national screening programmes for breast and bowel cancer were slightly above CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to and in some areas higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 96% (compared to the CCG range from 80% to 95%) and five year olds from 91% to 96% (compared to the CCG range from 86% to 96%). Flu vaccination rates for the over 65s were 75%, and at risk groups 46%. These were also comparable to CCG and national averages

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- Throughout the inspection we observed that members of staff were polite and helpful to patients attending at the reception desk and that people were treated with dignity and respect.
- Privacy screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- We saw staff knocking before entering the consulting rooms.
- Staff told us that if patients wanted to discuss anything in private they would offer them a private room to discuss their needs.
- Staff wore name badges so that it was clear to patients who they were speaking with.

We received 44 patient CQC comment cards, 37 were positive about the service experienced, patients described the service they received as caring and helpful and that staff treated them with dignity and respect. The concerns identified were relating to access for appointments and attitude of staff. We also identified a number of issues on the NHS Choices web site pertaining to staff attitude. The provider had actioned these concerns and arranged customer care training for the staff. We spoke with 5 patients on the day of our inspection. They told us they were satisfied with the care provided by the practice.

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.

- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that information was given to them in a way they could understand to help make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice provided personalised care in which all patients had a named GP. Patients with the most complex care needs had been identified and care plans were in place to help support their care. Discharge letters were reviewed by the named GP and where appropriate followed up. The care plans were reviewed annually at a minimum and in conjunction with the patient.

Results from the national GP patient survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

Information in the patient waiting room told patients how to access a number of support groups and organisations. These included counselling services and support groups for specific conditions such as dementia and alcohol dependency. The GPs told us that patients with long term conditions were screened as part of their annual review for anxiety or depression and followed up as necessary.

Are services caring?

Patients who were also carers were invited to identify themselves to the practice. Staff told us they used this information to target support to this group of patients for example, flu vaccinations. Written information about various support services was available for carers to take away.

Data from the latest CCG report showed that the provider had been successful in identifying carers and had increased the number of carers registered from 94 to 126 between 2013/14 and 2014/15.

There was a bereavement policy and pack provided for relatives to help support them, this included bereavement counselling and financial support. Staff told us that the patients usual GP would contact the family following a bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG and other practices locally to plan services and to improve outcomes for patients in the area. For example, the practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care.

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

- The practice offered early morning appointments throughout the week to help accommodate the needs of working patients and those could not attend during normal opening hours.
- Online booking and repeat prescriptions were available.
- Home visits were available for patients who due to their health were unable to attend the practice
- Urgent appointments were available for children. Patients we spoke to told us that they could usually obtain a same day appointment if they needed one
- The premises were easily accessible via a ramp with a rail and automatic doors which enabled those who use a wheelchair or with a push chair to easily access the building
- Patients from the practice were able to access specialist clinics hosted at the Lordswood House Group Medical Practice, the provider's main site. For example secondary care services in audiology, ophthalmology and paediatric out-patients services. There were also specialist skills among the GPs who worked across the three provider locations which patients could access for example dermatology and musculoskeletal medicine.
- Translation services were available.

Access to the service

The practice was open:

- Monday 8.30am – 6.00pm
- Tuesday 8.30am – 6.00pm
- Wednesday 8.30am – 6.00pm
- Thursday 7.30am – 1.00pm and 5.30pm - 7.30pm
- Friday 8.30am – 6.00pm

Appointments are available Monday and Friday 8.30am – 11.20am and 3.50pm – 5.40pm, Tuesday and Wednesday 9.00am – 11.40am and 4.30pm – 6.00pm, Thursday 7.30am – 10.50am and 5.30pm – 7.15pm.

When the practice is closed during the out of hours period (6.30pm to 8am) patients receive primary medical services through an out of hours provider (BADGER).

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Patients were able to book in advance appointments with their preferred GP.

Results from the national GP patient survey (published in July 2015) showed that patients' satisfaction on accessing care and treatment was in line with local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 71% of patients were satisfied with the patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%
- 83% of patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 74%
- 76% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 74%
- 81% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%

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.
- Information was available to help patients understand the complaints system. There was complaints leaflet for patients to take away and a notice in the waiting area. This included the timescales they could expect for a reply and what to do if they were dissatisfied with the response received from the practice.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- Both verbal and written complaints were recorded to identify trends and learning.

The provider had received 12 complaints in the last 12 months. We found these had been handled appropriately and in a timely manner. Complaints were investigated and

discussed as appropriate with relevant staff. None of the patients we spoke with told us that they had raised a complaint. Concerns and complaints were discussed at staff meetings in order to share any learning and we saw evidence of this.

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 staff shared with us their vision and values for the service and how they were working to develop the practice. There were plans to join a larger partnership in the future.

The practice had involved staff in developing the ethos of the practice. Staff confirmed they understood the vision and values. It was evident from our inspection that the practice and staff had a desire to provide a high performing service that met patients' needs and to deliver continuous improvement and innovation.

Governance arrangements

The Lordswood House Group Medical Practice had an overarching governance framework, this incorporated the Quinton Family Practice, which supported the delivery of the strategy and good quality care. We found:

- There was a clear staffing structure and that staff were aware of their own role and responsibilities.
- Policies were available to all staff on-line who knew where to find them when needed. However, it was not clear whether these were reviewed on an annual basis as dates of review had not been recorded.
- There was a comprehensive understanding of the performance of the practice. All staff were involved in supporting QOF targets and improving outcomes for patients through this scheme. The practice was aware where performance had fallen below their expectations and had been proactive in taking action for example in relation flu vaccines, cervical screening and dementia care.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Monthly reflective meetings provided opportunities for staff to discuss and consider complaints, significant incidents and other events. These were viewed as learning opportunities to improve the service.
- The provider had a proven track record of responding positively and quickly to issues raised. This was identified as part of The Lordswood House Group Medical Practices previous CQC inspection.

Leadership, openness and transparency

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Staff told us that there was an open 'no blame' culture within the practice with the emphasis on learning.

- There was a clear leadership structure in place and staff felt supported by management and senior partners. The partners were visible in the practice.
- The partners worked closely across the three provider sites which enabled them to share experiences and practices to deliver high quality care.
- Staff told us that they found the senior staff and partners approachable if there was anything they needed to discuss.
- Staff told us that they had practice meetings in which they were able to raise issues that affected them and that they felt they were kept well informed.
- There was a whistleblowing policy in place but none of the staff we spoke with said they cause to use it.
- Staff described good relationships within the practice and with other health and care professionals. There was an appreciation of each other's role in providing patient care.
- A notification system enabled important information to be disseminated to staff quickly.

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

The practice obtained feedback and engaged with patients in the delivery of the service.

- The provider had an active patient participation group (PPG) with representation from each of its locations. The PPG which met on a regular basis carried out patient surveys and submitted proposals for improvements to the provider management team. For example, work had been carried out to improve information available to patients in the waiting areas. Information about the PPG was displayed in the waiting area. The practice also gained feedback from patients through the suggestion box and complaints received.
- Staff were able to provide feedback through appraisals, meetings and informal discussions. Staff we spoke with confirmed that there was an open culture within the organisation with which to raise any issues.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning, the provider held weekly lunchtime educational meetings in which outside speakers such as hospital consultants were invited to speak on various topics. Staff spoke of opportunities received for continuing professional development, including attendance at sessions to update their skills and conferences. The provider had instigated a document library of commonly asked questions. This provided a resource for staff and the sharing of knowledge to support patient care.

There was collaborative working with other providers, for example secondary care providers as well as a range of in-house services available for the convenience of patients. The practice was currently participating in an ambulance triage scheme to support unnecessary admissions to accident and emergency departments.