

Portway Family Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Portway Family Practice on 10 May 2017. 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 and a system in place for reporting and recording significant events and incidents and the practice used the local reporting system to keep the clinical commissioning team up to date of all events.
- The practice had defined systems and processes in place to minimise risks to patient safety including an effective system in place to demonstrate what action had been taken with alerts received, this included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had some immunisation records for staff, but we found there was no system in place to ensure all staff were up to date with routine immunisations. Since the inspection we have received evidence to

show that a new policy had been implemented for the recording staff immunisation and all staff have had a review of their immunisation status and vaccines where appropriate. Risk assessments had been completed where required.

- The patient participation group was not currently active. Members of the group told us they needed support to pull the group together. We saw information on display to encourage new patients to join.
- The practice had adapted clinical templates following NICE guidelines to suit their practice population to ensure the needs of the patients were being met.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback from CQC comment cards and patients we spoke with were positive about the care received.

Summary of findings

- The practice encouraged staff to develop their roles and the practice manager had been nominated by the clinical commissioning group for a local 'Rising Star' award to highlight the dedication they had applied to the new role of manager.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, which it acted on, but the participation group told us that meetings had not been regular and they felt they lacked leadership. There was a notice on display in the waiting area to encourage new members to join.

- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Encourage patients to join the patient participation group and continue to support the current members in the group.
- Continue to identify carers in order to provide further support where needed.

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 had defined systems and processes in place to minimise risks to patient safety, this included an effective system to demonstrate what action had been taken with alerts received, this included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had some immunisation records for staff, but we found there was no system in place to ensure all staff were up to date with routine immunisations for those working in general practice. Since the inspection we have received evidence to show that a new policy had been implemented for the recording of staff immunisation and all staff had received a review of their current immunisation status and vaccines where appropriate. Risk assessments had been completed where required.
- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. The practice used an electronic reporting system for recording significant events and actions taken which enabled them to be shared with the local clinical commissioning group (CCG). When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The GPs carried out daily reviews of patients that had not attended their appointments to ensure patients did not require follow up following test results or other clinical indicators.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The latest published results showed the practice had achieved 97% of the points available. The practice used this information to monitor performance against national screening programmes and outcomes for patients.

Summary of findings

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and the practice had adapted clinical templates to ensure patients' needs and care were planned and delivered in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment. The practice was proactive in ensuring staff learning needs were met and encouraged staff to develop their roles. For example, one of the receptionists had trained to become a Health Care Assistant.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good



- Data from the national GP patient survey showed patients responses were comparable to the local and national averages for several aspects of care.
- Information for patients about the services available was accessible and information screens were situated in the waiting room to advise patients of services.
- The practice had a carers register and data provided by the practice showed 1% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available, which included advice for young carers.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, a counselling service was available for patients with mental health needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it difficult to access the practice by telephone and book appointments. The results from the national patient survey showed 60% of patients said they could get through to this surgery by phone which was in

Summary of findings

line with the local average of 60%, but lower than the national average of 73%. The practice had adjusted the availability of appointments to offer more choice, this included online appointments.

- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews, attended staff meetings and engaged in training opportunities. The practice used a web based system for some training and the practice manager monitored that all staff were up to date with relevant training for their roles.
- The practice proactively sought feedback from staff and we saw examples where feedback had been acted on. For example, the practice held a tea anniversary to celebrate their first year in the new premises at the Leisure Centre and to give patients, staff and the local population an opportunity to discuss their health needs.
- The Patient Participation Group (PPG) told us that meetings had not been regular and they felt they lacked leadership. There was a notice on display in the waiting area to encourage new members to join.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and staff were encouraged to develop their roles.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Data provided by the practice showed five patients on the palliative care register and we saw evidence to support that all patients were discussed at monthly meetings and their care needs were being co-ordinated with community teams.

People with long term conditions

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. For example, the latest published QOF results showed 90% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the past 12 months, in comparison to the local average of 88% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice supported DiCE clinics on a regular basis for patients with diabetes. Diabetes in Community Extension (DiCE) clinics are specialist clinics provided in the community by a consultant and specialist nurse to monitor patients with complex diabetes needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met and the practice had adapted their clinical protocols following national guidance to ensure the needs of their practice population were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good



- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 83% which was comparable to the national average of 81%.
- We saw examples of joint working with midwives and the midwife ran antenatal clinics two mornings a week.

Working age people (including those recently retired and students)

Good



- The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on Saturday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included referrals to the stop smoking service.
- Data provided by the practice showed 82% of patients who were currently registered as smokers had received support to quit smoking.
- The practice made use of texting to remind patients of their appointment and an electronic prescribing service.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Data provided by the practice showed 40 patients on the learning disability register and 23 had received an annual review. We saw that the health care assistant was reviewing the patient lists to encourage patients to attend their appointments.
- The practice held a register of 42 carers, which represented 1% of the practice list. There was a carers information board which detailed support available, this also included information for young carers.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice supported two learning disability homes. One of the homes had moved to new premises outside of the practice catchment area, the GPs continued to offer care to the ten patients at the home. On speaking with the manager of the home, she told us that the service received from the practice was excellent and the GPs were very supportive.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

- There were 19 patients on the dementia register. The latest published QOF data for 2015/16 showed 83% of patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and had access to support services through the Esteem team for patients with mild to moderate mental health problems and complex social needs and a counsellor offered a clinic once a week to support patients with mental health needs. (The Sandwell Esteem Team is part of the Sandwell Integrated Primary Care Mental Health and Wellbeing Service (the Sandwell Wellbeing Hub) in the West Midlands. The hub is a holistic primary and community care-based approach to improving social, mental and physical health and wellbeing in the borough of Sandwell).
- Data provided by the practice showed 22 patients on the mental health register. The latest published QOF data for 2015/16 showed 85% of patients had a comprehensive, agreed care plan documented in their medical record in the last 12 months, which was comparable to the national average of 89%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice had received mixed scores in comparison to local and national averages. Three hundred and twenty two survey forms were distributed and 102 were returned. This represented 3% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 62% and the national average of 73%.
- 71% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards which were all positive about the standard of care received, but some patients had commented on the difficulties in accessing appointments via the telephone.

We spoke with six patients during the inspection, including four patients from the patient participation group (PPG). All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but commented on the difficulties in accessing the practice via telephone. The latest results of the friends and family test showed 100% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Encourage patients to join the patient participation group and continue to support the current members in the group.

- Continue to identify carers in order to provide further support where needed.

Portway 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.

Background to Portway Family Practice

Portway Family Practice is based in Oldbury area of the West Midlands. There are approximately 3900 patients of various ages registered and cared for at the practice. Portway Family Practice has been long established in Tividale, Oldbury and is situated in Portway Leisure Centre. Portway Lifestyle Centre is a leisure facility in Sandwell, it is a sports, health and wellbeing centre for the whole community and centre of excellence for people with disabilities.

The Care Quality Commission carried out an inspection on 18 July 2014 at the previous premises of the practice in Tividale. We had received information which led us to visit to review the safety and suitability of the premises. The previous premises were not fit for purpose due to poor access and a number of burglaries. The move to the leisure centre had been planned for September 2013 but had been delayed. The practice moved to Portway Leisure Centre in November 2014.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes. The area served has higher deprivation

compared to England as a whole and based on data available from Public Health England; the levels of deprivation in the area served by Portway Family Practice are above the national average and ranked at three out of ten, with ten being the least deprived.

There are two GP partners (both male). The nursing team consists of two practice nurses and one health care assistant. The non-clinical team consists of a practice manager and administrative and reception staff.

The practice is open to patients between 8am and 6.30pm Monday to Friday, except on Thursday afternoon when it closes at 1pm. On Thursdays when the practice is closed patients can access appointments at a local surgery, due to a mutual agreement between the provider and the local practice. This service was well advertised within the waiting area, at reception and on the practice website. Extended hours appointments are available on Saturday morning from 8.30am to 11.30am. Emergency appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by Primecare Out of Hours Service and NHS 111 service and information about this is available on the practice website.

The practice is part of Sandwell & West Birmingham Clinical Commissioning Group (CCG) which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 patients. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

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 hold about the practice and asked other organisations. We carried out an announced visit on 10 May 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and all incidents were recorded on a electronic reporting system called Datix which enabled them to be shared with the local clinical commissioning group (CCG). (Datix is a web based incident reporting and risk management software for health and social care). 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).
- The practice carried out a thorough analysis of the significant events and we saw evidence to confirm that these were discussed with staff at meetings every month. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise risks. We reviewed seven significant events that had occurred between May 2016 and February 2017 which showed that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems and processes in place to minimise risks to patient safety, this included an effective system in place to demonstrate what action had been taken with alerts received from central alerting system (CAS) and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The GPs carried out daily reviews of patients that had not attended their appointments to ensure patients did not require follow up following test results or other clinical indicators.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. Alerts were placed on patient records so that staff were aware of anyone who might be at risk and there was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- A notice in each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken every six months and we saw evidence of audits that had been completed in October 2016 and April 2017 showed the practice was compliant in all areas.
- The practice had some immunisation records for staff, but we found there was no system in place to ensure all staff were up to date with routine immunisations. Since the inspection we have received evidence to show that a new policy had been implemented for the recording of staff immunisation and all staff had received a review of their current immunisation status and vaccines where appropriate. Risk assessments had been completed where required.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan. Fire alarms were checked regularly and all fire equipment was checked by an external contractor on an annual basis.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last review of clinical equipment had been completed in April 2017.
- There was a health and safety policy available and a range of 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 and a panic button in reception which had a direct link to the Police.
- 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.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. The practice had adapted the guidelines to ensure the needs of their practice population were being met and to support clinical reviews of patients with long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission.

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 (2015/16) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. Exception reporting was 5% which was lower than the CCG average of 9% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 87% which was comparable to the CCG average of 88% and the national average of 90%.

- Performance for mental health related indicators was 98% which was higher than the CCG average of 91% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

- We saw evidence that a range of audits had been undertaken in the last 12 months, including clinical audits. We reviewed two of the audits to see what improvements had been implemented. For example: One audit was to review the safe prescribing of DMARD medicines. (DMARDs are disease-modifying anti-rheumatic drugs, which are used to reduce pain, swelling and stiffness of the joints). The first audit in April 2016 showed 36% of patients on DMARD medicines were being monitored appropriately by blood tests. The practice implemented a plan to ensure all patients were given blood tests and all prescriptions for medicines were changed to acute. A second audit was carried out in December 2016, which showed 100% of the patients on DMARDs had had blood tests. The practice told us they will continue to review this audit on a yearly basis.
- Findings were used by the practice to improve services. For example, the practice had reviewed QOF indicators that were not in use anymore and had developed their own series of prompts on the clinical system to ensure patients were receiving appropriate reviews.
- The practice supported DiCE clinics on a regular basis for patients with diabetes. Diabetes in Community Extension (DiCE) clinics are specialist clinics provided in the community by a consultant and specialist nurse to monitor patients with complex diabetes needs.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 had completed the recognised national qualification for practitioners who regularly perform spirometry.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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

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.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service and support continuity of care.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice and support in relation to their lifestyle.

The practice offered support including access services to diagnose and monitor patients with long term conditions, support for patients with mental health needs and smoking cessation services and the television screens in the waiting area supported health campaigns and patient education. Due to the facilities available at the leisure centre, the practice were also able to disabled patients in wheelchairs the facility to be weighed without having to be moved out of their chairs to gain an accurate weight record.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. 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. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

Are services effective?

(for example, treatment is effective)

screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were comparable to the CCG averages, but lower than the national averages. For example,

- 63% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 72%.
- 49% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds were comparable to the national average of 90% and five year olds ranged from 96% 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and one part of the reception desk was reserved for patients to have private conversations with staff.

All of the 52 patient 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 six patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mixed responses from patients about if they were treated with compassion, dignity and respect. The practice were comparable to local and national averages for satisfaction scores on consultations with GPs. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group CCG average of 83% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

The results for nurses showed:

- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group CCG average of 87% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

The results for receptionists showed:

- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 gave positive responses to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format. We did see notices in the reception areas informing patients that if they required information leaflets in other languages, then the practice could print these for them.
- The E-referral service was used with patients as appropriate. (E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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 had taken part in a local pilot project to support patients suffering domestic violence. The staff had completed the IRIS training. (IRIS is a general practice based domestic violence and abuse training support and referral programme) to be able to identify, support and offer advice to patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 carers (1% of the practice list). There was written information available to direct carers to the various avenues of support available to them, this included information for young carers.

Staff told us that if families had experienced bereavement, all staff were notified to ensure patients' families were well supported and the GPs would be available if the families needed further advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Saturday morning for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and were directed to other clinics for vaccines available privately.
- The premises were accessible to patients with mobility difficulties. This included automatic doors; disabled parking and disabled toilet facilities were also available.
- There was a specific room available with baby changing facilities and there was a hearing loop to support patients with hearing difficulties and interpretation services available.
- Patients were able to access a range of services including minor surgery, family planning, smoking cessation, spirometry, 24 hour blood pressure monitoring and electrocardiogram (ECG) monitoring. (An ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally).
- The community phlebotomist was available once a week and the stop smoking service ran clinics twice a week.
- The practice supported two counselling services at the practice. The Esteem team ran a clinic once a week to help people with mild to moderate mental health problems and complex social needs at an early stage to

prevent deterioration and admission to secondary care services and a counsellor also offered a clinic once a week to support patients with mental health needs. (The Sandwell Esteem Team is part of the Sandwell Integrated Primary Care Mental Health and Wellbeing Service (the Sandwell Wellbeing Hub) in the West Midlands. The hub is a holistic primary and community care-based approach to improving social, mental and physical health and wellbeing in the borough of Sandwell).

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday, except on Thursday afternoon when the practice was closed. Appointments were from 8.30am to 12 noon every morning and 3pm to 6pm every afternoon. On Thursday afternoon when the surgery was closed, patients could access services at another local GP practice. Extended hours appointments were offered at 9am to 11.30am on Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day for patients that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group CCG average of 71% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that accessing the practice by telephone and booking appointments was difficult. The practice had reviewed the appointment systems and had changed the set up of appointments to offer more choice, this included online booking, telephone consultations and on the day appointments. The reception staff triaged each call and used a red flag list to ensure patients were offered the appointment they needed. For example, patients with minor ailments were directed to the local minor ailment scheme available at pharmacies.

The practice had reviewed the results of the national patient GP survey and had increased the surgery opening hours from April 2016 which had not yet been reflected in the survey data. The practice had offered weekend access on Saturday morning, but felt this had not been appropriately advertised to patients. The opening times had been added to the TV screens and we saw posters on display in the waiting room advising patients of the opening times.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so

great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a complaints information sheet. Which provided details on what to do if the patient was unhappy with the response received from the practice.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way. Complaints were discussed at the practice meetings. Lessons were learned from individual concerns and complaints and also from analysis of trends and action taken as a result to improve the quality of care.

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. We spoke with five members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

- The practice had a clear strategy which reflected the vision and values and were regularly monitored.
- The practice was open about the challenges faced including adapting to the new premises.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example: Chronic disease management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had looked at leadership and succession planning for some of its staff and had promoted one of the staff to the role of practice manager. The GPs had organised support for the new manager with a local practice manager and the clinical commissioning group.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had supporting the mentoring of a community pharmacist and nurse in the community to become prescribers.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions, except for an effective system for recording immunisations for staff working in general practice. We found minutes of practice meetings well documented and provided opportunities for staff to discuss practice performance, alerts, incidents, complaints and safeguarding. Since the inspection we have received evidence to show that a new policy had been implemented for the recording of staff immunisation and all staff had received a review of their current immunisation status and vaccines where appropriate. Risk assessments had been completed where required.

Leadership and culture

On the day of inspection the leadership team (consisting of the partners and practice manager) demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the leadership team were approachable and always took the time to listen to all members of staff. Staff said they felt respected and supported. They felt that they worked well together as a team.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty.

We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held monthly meetings with staff. We saw from the minutes of these meetings in which staff had the opportunity to raise any issues.
- The practice held and minuted a range of multi-disciplinary meetings to monitor vulnerable patients every month.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- Patients through the patient participation group (PPG) and through complaints received. The PPG consisted of six patients, but since the change of management the group told us that meetings had not been regular and they felt they lacked leadership. There was a notice on display in the waiting area to encourage new members to join. We spoke with four members of the PPG who told us that they liked the premises and the facilities available, but access was an issue for patients who were unable to access the service via the telephone and book appointments when needed. The PPG also told us the practice acted on suggestions where possible. For example: The PPG suggested that the reception staff had headsets to enable them to speak on the phone. This had been actioned and we saw the receptionists using headsets during our inspection.
- The practice held a one year anniversary tea celebration at the practice. The event was created so patients, staff and local people could come together to discuss local health needs.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The staff had trained one of the reception staff to become a health care assistant, who was reviewing patient lists to offer patients the opportunity to have health checks and we saw evidence of promotional work in practice to encourage patients to lead healthier lives.
- The practice manager had been in post 12 months and had been promoted from reception. Due to the commitment the manager had showed, she had been nominated by the clinical commissioning group for a 'rising star' award in recognition of the hard work and dedication she had shown to her new role.
- The practice had adapted the clinical templates following NICE guidelines to suit the needs of the local population and ensure patients were receiving appropriate reviews.
- The practice had taken part in a local pilot project to support patients suffering domestic violence. The staff had completed the IRIS training. (IRIS is a general practice based domestic violence and abuse training support and referral programme) to be able to identify, support and offer advice to patients.