

# Dr AS Coutts and Partners

## Quality Report

Carlton House,  
18 Mere Green Road  
Sutton Coldfield  
West Midlands  
B75 5BS  
Tel: 0121 308 2080  
Website: 4oaksmedicalcentre.co.uk

Date of inspection visit: 20 January 2016  
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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr AS Coutts and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AS Coutts and Partners

Also known as Four Oaks Medical Centre on 20 January 2016. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice was proactive in the management of long term conditions.
- Information about services and how to complain was available. The practice actively sought patient views about improvements that could be made to the service and worked with the Patient Participation Group (PPG) to do this.
- 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.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles. Additional in house services were available and delivered by staff with advanced qualifications, skills and experience.
- The practice used audits and had shared information from one of their audits with other practices to promote better patient outcomes.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

# Summary of findings

**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. Openness and transparency about safety was encouraged.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staffing levels and skill mix was planned and monitored to ensure patients received timely safe care.

Good



### Are services effective?

The practice is rated as good for providing effective services. There was a holistic approach to assessing, planning and delivering care and treatment to people who use services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services. Patients were respected and valued as individuals and were empowered as partners in their care

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. 98% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- There was a strong, visible, person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were tailored to meet the needs of the patient and were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The GPs have built up a relationship with the emergency services and identified A&E attendance reduction. The paramedic could contact the practice to discuss a patient to see if attendance to alternative provider would serve the patients' needs quicker for example attendance to an assessment unit for blood tests.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. 98% of respondents were able to get an appointment to see or speak to someone the last time they tried Local (CCG) average:81%National average:85%.
- There were innovative approaches to providing integrated person-centred care. Community matrons had been employed to manage unplanned hospital admissions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders

## Are services well-led?

The practice is rated as good for being well-led. The leadership, governance and culture promoted the delivery of high-quality person-centred care.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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. Nationally reported data showed that outcomes for patients were consistently above the national average for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice used specific templates for the general older person health check that prompted a falls assessment, dementia screening, carer details and that also offered carers' wellbeing/health checks.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had improved the patient pathway for diabetes management so it was a team approach and focused on holistic patient care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Patients with long-term conditions who were at risk were placed on the practice's avoiding unplanned admissions register.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Immunisation rates were above CCG and national rates for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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**



# Summary of findings

## 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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing above local and national averages. 243 survey forms were distributed and 106 were returned. This represented 44% return rate of surveys distributed. .

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Some patients commented on how the practice had supported families with kind and caring treatment for older and younger patients. Others said they found all staff to be friendly and caring.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they thought the GPs and nurses were very dedicated and supported them in their health care needs.

# Dr AS Coutts and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr AS Coutts and Partners

Four Oaks medical centre is one of the larger general practices in the Sutton Coldfield area and is located in the centre of Mere Green. The practice is located on the first floor of Carlton house. Access to the practice is by lift or stairs.

There are eight GPs in total, 5 male and 3 female and they are supported by three practice nurses, a health care assistant and a phlebotomist. The practice manager is supported by a team of administration and reception staff. The practice serves a registered patient population of approximately 11,900. Data shows a low level of income deprivation among the registered population.

The practice supports training GPs. The practice had a qualified doctor training to be a GP working with them at the time of the visit.

The practice was open between 8am and 6.30pm Tuesday, Thursday and Friday 8am to 1.30pm Wednesday and 8am to 8.30pm on Friday. Appointments were from 8am to 12pm every morning and 2.30pm to 6pm daily and up to 8.30pm on Mondays. In addition to pre-bookable

appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them. When the practice is closed the Badger Group (GP Out of Hours Services) covers the service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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:

# Detailed findings

- 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)

We requested information and documentation from the provider which was made available to us before the inspection. This included;

Information available to us from other organisations e.g. NHS England, Birmingham Cross City CCG.

Information from CQC intelligent monitoring systems.

Patient survey information.

The practice's training records

At the announced inspection on 20 January 2016, we;

Observed how the practice was run and looked at the facilities and the information available to patients.

Spoke to staff and patients.

Reviewed management records.

Observed interactions between staff and patients.

# Are services safe?

## Our findings

### Safe track record and learning

Openness and transparency about safety was encouraged throughout the practice. We saw evidence of a long safe track record, with audits and actions taken to mitigate any identified risks. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.

- Staff told us they would inform the practice manager of any incidents and forms were available in their office.
- 24 significant events had been investigated in the previous 12 months. We saw the practice carried out a thorough analysis and saw evidence that these were appropriately investigated, actions identified and discussed at team meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

We saw that systems, processes and practices that were essential to keep people safe were identified, put in place and communicated to staff. All staff were trained in these systems, processes and practices.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary

for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- The television in each waiting 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 check (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. The practice nurse was the infection control clinical lead and had undertaken external training. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Medication safety alerts are reviewed and disseminated by the lead GP partner. These are discussed at meetings to identify the impact on the practice patients and actions identified to mitigate risk. A GP was identified as a lead and they were responsible for auditing that changes had been made to ensure delivery of safe care and treatment.
- A staff member was tasked to check, on a monthly basis, patients that required monitoring. For example for blood tests or their blood pressure. Patients identified as requiring a blood test had a form sent to them asking them to make an appointment with the phlebotomist.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Practice nurses worked with Patient Group Directions. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice also had a system for

## Are services safe?

production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly.

- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- The practice explained that bank and agency staff were not used; staff provided cover for each other as they preferred to offer continuity of care for patients. There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were enough staff to maintain the smooth running of the practice and keep patients safe.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

People have good outcomes because they received effective care and treatment that met their needs. The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and also used current evidence based guidance, standards and best practice. This information ensured delivery of care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

All staff were actively engaged in activities to monitor and improve quality and outcomes for the patients. 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). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 01/04/2014 to 31/03/2015 identified the practice had achieved 95% of the total number of points available, this is slightly above CCG at 93% and national at 94%. They have a lower than CCG and national rate of 6.6% exception reporting. (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).

- The practice was proactive in the management of certain conditions. For example, two GPs and two practice nurses had extended training and managed in diabetic care. They provided patients with the knowledge, skills and confidence necessary to self-manage their condition. The national database

figures for 2014/2015 showed improved outcomes for reduction in HbA1c (blood sugar levels), cholesterol and blood pressure. Very positive feedback was received from patients.

- Community matrons had been employed to manage unplanned hospital admissions. This included patients with complex conditions, elderly patients identified as at risk of trips and falls and patients coming to the end of life. All identified patients had a care plan that was kept at their home and contained medical information useful for healthcare providers including the patient's wishes around do not attempt cardiopulmonary resuscitation.
  - The practice undertook screening of patients over 65 to check for Atrial fibrillation (AF). They aimed to capture 40% of this group they actually screened 65%. When a patient in the identified age group attended the surgery the GP or nurse would take their pulse to see if any irregularities could be felt. If an irregularity was identified and ECG was performed. They identified 16 patients with irregular pulse and two were diagnosed with AF and were started on treatment.
  - The practice used specific templates for the general older person health check that prompted a falls assessment, dementia screening, carer details and offered carers wellbeing/health checks.
- Clinical audits demonstrated quality improvement.
- There were systems and processes in place for clinical audits. We saw completed audits where the improvements made were implemented, monitored and a re-audit scheduled.
  - The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

We saw evidence that the practice employed sufficient numbers of suitably qualified, competent and experienced staff to ensure they are able to meet the needs of their patient population.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding,

# Are services effective?

## (for example, treatment is effective)

infection prevention and control, fire safety, health and safety and confidentiality. We viewed 2 files of recently employed staff and saw both had completed the induction programme.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

When patient's required care from a range of different staff, teams or services, we saw it was well coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering patient's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of patient's needs.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78.2%, which was comparable to the CCG average of 78.8% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice supported patients who smoked in stopping smoking by a strategy which included providing literature and offering appropriate therapy. For example 91% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to a CCG rate of 86.8% and national average of 86.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 650 health

## Are services effective?

(for example, treatment is effective)

checks had been undertaken in the past 12 months. 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

There was a strong, visible, person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with respect. Relationships between patients, those close to them and staff were strong, caring and supportive. Staff worked hard to recognise and respect the totality of people's needs. They always took people's personal, cultural, social and religious needs into account.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Staff were made aware of any religious annual events that may affect patients health for example Ramadan. They took into account that patients may require timely appointments.
- The practice recognised and registered carers. The practice nurses were the leads and promoted health checks for this patient group.
- The PPG also promoted their on-line directory identifying resources available called 'here to help together'. This site identified services and support groups that carers, families and elderly could access to find local support.

All of the 37 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 three members of the patient participation group. They also told us they were extremely happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 98% said the GP gave them enough time (CCG average 86%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 98% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Patients repeatedly referred to the service as caring, respectful, exceptional, efficient and outstanding. Many comments included examples where the staff had gone above and beyond what was expected. For example:

- We were told that staff were extremely caring and considerate; they always made time to listen.
- A patient praised the GPs about their swift diagnosis. Arranged a speedy hospital admission. Post discharge the GP contacted them and answered all the questions that had not been fully answered pre-discharge. They said they received excellent service delivered in a kind, caring and efficient manner.
- A parent told us all the staff at the practice were outstanding in their delivery of care. They told us when their child attended the surgery unwell the GP arranged for the child to be admitted to Birmingham's children hospital the same day.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

## Are services caring?

sufficient time during consultations to 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were 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 88%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The PPG had identified support for carers by organising an on line community directory called here to help together. This web site included information about local services, organisations details, volunteer groups and charities.

Nurses were employed to monitor and manage local admissions preventions services (these nurses were able to provide support to patients in their home for a time period). In addition the team regularly visited older patients with long term conditions to encourage management of their medicines, and health review. The team attended weekly multidisciplinary team meetings to review upcoming discharges and ensure facilities were in place to manage discharged patients care in their homes.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and to give them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were tailored to meet the needs of the individual and were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice offered late evening appointments on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients with complex conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- Urgent access appointments were available for children and those with serious medical conditions. There were 'catch up slots' in the appointment system to accommodate emergency appointments, or for when GPs were running late.
- The GPs had built up a relationship with the emergency services and identified A&E attendance reduction. The paramedic could contact the practice to discuss a patient to see if attendance to alternative provider would serve the patients' needs quicker for example attendance to an assessment unit for blood tests
- Phlebotomy services were available onsite for all patients.

### Access to the service

The practice was open between 8am and 6.30pm Tuesday, Thursday and Friday 8am to 1.30pm Wednesday and 8am to 8.30pm on Friday. Appointments were from 8am to 12pm every morning and 2.30pm to 6pm daily and up to 8.30pm on Mondays. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them. When the practice was closed the Badger Group (GP Out of Hours Services) covered the service.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Complaints and concerns were always taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

We looked at the summary of the annual complaints review for 2014/15. This showed that the practice revisited the learning from complaints and checked that action identified had been taken. We looked at five complaints from 2015 in detail and found all were investigated thoroughly, dealt with in a timely way and patients received an apology when something had gone wrong. All the responses to complaints we saw were open and honest and contained an explanation of what the practice had done to avoid recurrence.

# 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 leadership, governance and culture within the practice promoted the delivery of high-quality person-centred care.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

There was an effective governance framework, which focused on delivering good quality care. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. 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

# Are services well-led?

Good 

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

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was encouraged and celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment

- GPs and nurses worked with their diabetic patients ensuring they all have a personalised care plan and education to ensure they know how best to manage their condition

- Community matrons have been employed to ensure patients that have an unplanned hospital admission were discharged home as soon as possible. They communicated with social services and other community based providers to ensure the patient was supported at home if necessary.