

Laurel House Surgery

Quality Report

Laurel House
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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?	Requires improvement	
Are services well-led?	Good	

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 18 March 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive/focused inspection at Laurel House Surgery on 4 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The Quality Outcome Framework (QOF) results for 2016/17 showed that clinical exception reporting for patients with long term conditions, such as asthma, COPD, diabetes and patients experiencing poor mental health were significantly higher than local and national averages. We found that patients had had their records reviewed by a GP before exception reporting was agreed including patients who had not attended for an appointment on three occasions. The documentation seen was robust.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The areas where the provider should make improvements are:

- Staff employment references including verbal references should be appropriately documented.
- Continue to update policies and procedures including the implementation documentation to support the one to one sessions held with the Advanced Nurse Practitioners/nurse prescribers.
- Consider Mental Capacity Act training for all clinical staff.
- Consider improvement in telephone access for patients and survey patient opinion on access to the practice.
- Review complaints procedures to include recording informal complaints received. Ensure that all complainants have the parliamentary health ombudsman details documented in the practices response letter.
- Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including appointment access and ease of access to the practice by telephone.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Laurel House Surgery

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 advisor, a practice nurse specialist advisor, an advanced nurse practitioner observer and an expert by experience.

Background to Laurel House Surgery

Laurel House Surgery was originally founded around 1910 and offers a variety of facilities. The main practice is based in Tamworth and there is a branch practice in Fazeley on the outskirts of Tamworth. We did not visit the branch location. Laurel House Surgery is a two storey building with car parking facilities and step free access to the automatic door at the side entrance to the building. There are four treatment rooms and four consulting rooms with an associated waiting area on the ground floor. On the first floor there are a further five consulting rooms. There are 13,023 patients registered with the practice.

The practice clinical team includes a team of five GP partners and four salaried GPs, a nurse practitioner, a nurse prescriber, two practice nurses and two health care assistants. The practice is further supported by two regular locum advanced nurse practitioners who provide eight

clinical sessions per week. The practice employs a practice manager and a finance manager who are supported by a receptionist supervisor, 12 receptionists, a senior administrator, two administrators and three medical secretaries.

The practice is open from the Laurel House Surgery site from 8am to 6.30pm Monday, Wednesday Thursday and Friday. The practice is open from 8am to 8pm on Tuesdays. The branch location Fazeley Surgery is open on Monday from 7.30am to 11.30 am, Tuesday 9am to 12.30pm, Wednesday 8.30am to 12.30pm and 2pm to 5 pm and on Friday 7.30am to 12.30pm. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service provided by Staffordshire Doctors Urgent Care when the practice is closed.

The practice has a slightly higher percentage of its practice population in the 65 and over age group (22.5%) than the England average (17%) and the 75 and over age group (10%) than the England average (8%). The practice provides a number of clinics for example asthma, diabetes and heart disease. Laurel House Surgery has a Personal Medical Services contract (PMS) contract with NHS England. This is a contract for the practice to deliver personal medical services to the local community or communities. They also provide some Directed Enhanced Services, for example child immunisations, minor surgery and travel health.

Additional information about the practice is available on their website www.laurelhousesurgery.co.uk

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The majority of policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We found one policy, which was, dated 2012, which we brought to the practices attention for revision.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required (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). One non-clinical staff member had only one written reference held on file and the second was a verbal reference. The practice said they would implement improvements to this practice by appropriately documenting verbal references
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Only clinical staff acted as chaperones, were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice had replaced some fabric chairs following their infection prevention and control audit. We noted some fabric bench seats in

waiting areas, the practice manager risk assessed these areas during the inspection. Replacement wipeable bench seat fabric covers were to be considered as part of the practice future refurbishment plans.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had developed a capacity and demand matrix, which was regularly reviewed by the partners and practice management team.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice had risk assessed and records were made in the clinical meeting minutes that they chose not to hold a specific medicine used in children with croup.
- The practice had a number of waiting areas away from the main reception area. We discussed how they managed risks in monitoring for example a patient whose health may be deteriorating. Staff informed us that clinical staff collected their patients from these waiting areas, which assisted in reducing risk.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. One of the vaccination policies was dated 2012 and the practice assured us that this would be immediately addressed. The practice had been subject to information technology updates prior to Christmas 2017, which had impacted on their ability to access all up to date policies and procedures. The practice management team were addressing these. They had set up interim arrangements to further support staff with hyperlinks to the most recent policies and procedures. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had found that nursing home staff were leaving patient urine samples for testing without the correct container or clinical information available to the practice staff. The practice contacted the care homes to advise them of the practice's policy and procedures in the safe collection, labelling and testing of urine samples. Reception staff and nursing staff were made aware of this activity and improvements were made following this activity and action. The practice had reported 12 significant events in the 12-month period. We found of those reviewed they were well documented and had been discussed at the monthly clinical meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to improve treatment and to support patients' independence for example with the use of the on line appointment and medication system via Patient Access. The practice also offered appointment reminders via text message to the patients' mobile phone.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given for children up to two years old were above the target percentage of 90% ranging between 96% and 99%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Between April 2017 and December 2017, the practice had offered 215 patients aged 40-64 an NHS health check, 17 patients had declined the offer and 198 of these checks had been carried out.
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including, travellers, woman's refuge patients and those with a learning disability.

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- 86% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the clinical commissioning group (CCG) average of 86% and national average of, 85%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the clinical commissioning group (CCG) average of 93% and national average of, 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption. For example, the percentage the practice achieved 96%, when compared with the CCG average of 92% and national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had developed a sepsis policy with evidence that staff had completed additional training and an audit was completed. The sepsis audit demonstrated this had increased staff awareness and improved the documentation in patient's notes.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of, 95.5%. The overall exception reporting rate was 10% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice were aware of the higher clinical exception reporting in some of the chronic obstructive pulmonary disease (COPD), asthma, diabetes and mental health indicators, for example:

- The clinical exception rates in the percentage of patients with COPD diagnosed on or after 1 April 2011, in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register was 29.5% which was higher than the CCG and national average of 9%.
- The clinical exception rates in the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 31%, which was higher than the CCG average of 14% and national average of 11%.
- The clinical exception rates in the percentage of patients with COPD with a record of FEV1 (this measures how much air a person can exhale during the first seconds of a forced breath) in the preceding 12 months was 45%, which was higher than the CCG average of 18% and the national average of 17%.
- The clinical exception rates in the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 24% which was higher than the CCG average of, 10% and national average of, 8%.
- The clinical exception rates in the percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within nine months after entry on to the diabetes register, was 44%, which was higher than the CCG average of, 26% and national average of, 25%.
- The clinical exception rates in the percentage of patients with severe mental ill health who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate, was 46%, which was higher than the CCG average of 15% and national average of 12.5%.
- The clinical exception rates in the percentage of patients on lithium therapy (a medicine used for some patients with mental ill health) with a record of lithium levels in the therapeutic range in the preceding 4 months was

Are services effective?

(for example, treatment is effective)

33%, which was higher than the CCG average of 9.5% and national average of, 9%. We reviewed the number of patients in this cohort, which was small, and found all had been appropriately reviewed by a GP.

The clinical practice staff together with administration staff provided evidence of offering patients three invitations to attend a review. We reviewed the higher exception reporting in these areas with the practice and in the records reviewed, we found that patients had been provided with at least three invitations to attend a review of their condition before the practice exception reported. All patients had their records reviewed by a GP before exception reporting was agreed which included patients who had not attended for an appointment on three occasions. The documentation seen was robust. The practice partners informed us that this was monitored and they anticipated lower exception reporting this year (2017/18). For example, the practice had found that eight patients with COPD had been exception reported but then the patients had chosen to attend however, they had inadvertently remained on the exception reporting statistics.

- The practice used information about care and treatment to make improvements. For example following an audit of safeguarding records, the audit resulted in improvements in the quality and use of child protection electronic coding at the practice.
- The practice was actively involved in quality improvement activity. The practice had completed an atrial fibrillation audit, which demonstrated an improvement in the use of and type of anticoagulant medicine usage. (Atrial fibrillation is a heart condition that causes an irregular and often an abnormally fast heart rate). Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practices had awareness of antimicrobial stewardship and its challenges and were working with the patient participation group and patients towards achieving a greater understanding in patients with education in the appropriate use of antibiotics.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and

could demonstrate how they stayed up to date. Specialist nurses with advanced training received daily support from the duty doctor and the practice planned to document these clinical supervision sessions.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. We did however find that not all clinical staff had completed Mental Capacity Act training.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, female patients aged 50-70, screened for breast cancer in last 36 months was 75%, which was comparable to the CCG average of 74% and national average of 70%. Patients aged 60-69, screened for bowel cancer in last 30 months was 63%, which was comparable to the CCG average of 59% and national average of, 54.5%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- The majority, 33 out of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. We spoke with 10 patients and five were happy with their care and treatment, four commented on the time it took to see their preferred GP (up to three weeks) and another on their ability to make an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and forty surveys were sent out and 116 were returned. This represented less than 1% of the practice population. The practice was comparable to the CCG and national averages on consultations with GPs and nurses in its satisfaction scores. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; compared with the clinical commissioning group (CCG) average and the national average of 95%.

- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 91% of patients who responded said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time compared with the clinical commissioning group (CCG) average of 94% and the national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; compared with the clinical commissioning group (CCG) average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 74% of patients who responded said they found the receptionists at the practice helpful; compared with the clinical commissioning group (CCG) average of 86% and the national average of 87%.

The patient participation group supported by the practice also conducted some in house surveys of patient opinions. For example, the practice had surveyed patient opinions on the notice boards and content. Following the feedback staff altered notice boards and this process is continuing and following the changes made patient opinion on the notice boards had improved.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Are services caring?

- Staff communicated with patients in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice had a carers notice board at the practice and updated the practice's new patient registration form to include carers and those with caring responsibilities. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 289 patients as carers (2% of the practice list).

The practice supported recently bereaved patients, for example, staff told us that if families had experienced bereavement, their usual GP contacted them or 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/or by giving them advice on how to find a support service.

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

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average and the national average of 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the clinical commissioning group (CCG) average and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, for example offering extended hours on a Tuesday and providing a GP service at the branch location at Fazeley.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group 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 and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including, travellers, women's refuge patients and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Plans were in place for interested staff to attend dementia friendly training and invites for dementia societies to assist the practice to become more dementia patient friendly.

Timely access to the service

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower or comparable to local and national averages. This was supported by

Are services responsive to people's needs?

(for example, to feedback?)

observations on the day of inspection and completed comment cards. Two hundred and forty surveys were sent out and 116 were returned. This represented less than 1% of the practice population.

- 84% of patients who responded 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 85% and the national average of 84%.
- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and the national average of 76%.

However,

- 55% of patients who responded said they don't normally have to wait too long to be seen; compared with the CCG average of, 60% and the national average of 58%.
- 74% of patients who responded said their last appointment was convenient compared with the CCG and the national average of 81%.

Where survey results were worse than CQC or national averages we found that the practice had discussed this and put together an action plan. For example, the reception area where patient telephone calls were taken was separated slightly from the main reception desk. The practice recognised the challenges of meeting patient expectations.

The practice had plans for a new phone system to improve patient access. Plans for a new phone system were described at the previous CQC inspection in 18 March 2015. The practice provided evidence that they had reviewed five separate telephone systems, this included emails and quotes dated, August 2017, June 2017 and March 2017. The practice informed us they were advised following an NHS computer virus attack to consider the use of a local CCG based telephone system in order to reduce risk. The practice are currently on a waiting list for this telephone system to be installed potentially in summer 2018.

We found that the practice survey results in 2017 were worse than those in 2015 regarding phone access and patient experiences of making an appointment described as good. For example, the practice survey results in 2015

showed that 50% of respondents found it easy to get through on the phone and 59% of respondents described their experience of making an appointment as good or very good. The results in 2017 showed that:

- 40% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of, 67% and national average of, 71%.
- 57% of patients who responded described their experience of making an appointment as good compared with the CCG average of, 70% and the national average of, 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year, eight clinical and two non-clinical. In the two complaints we reviewed we found that the practice offered apologies and information on the complaint investigation appropriately. Although the practice placed in the final letter a copy of the complaints procedure, which included information about the parliamentary health ombudsman, the letter did not always document that this leaflet was enclosed. The two complaints reviewed were satisfactorily handled in a timely way. We found that the practice did not record verbal complaints. The practice told us that these were quickly dealt with and managed by staff were not always documented. The practice recognised that documenting these would assist in the analysis and identification of trends.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example the practice improved its systems for the reporting on chlamydia screening results and awareness of repeat screening activity which was shared with staff.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good 

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

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a small but active patient participation group (PPG). The PPG advised that they planned to have a workshop in February 2018 with other PPGs locally to discuss setting up a virtual PPG for Tamworth.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice developed its staff group with education and training and many staff had progressed to other roles within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.