

# Field Road Surgery

## Quality Report

Pinfold Health Centre  
Field Road,  
Bloxwich  
Walsall  
West Midlands  
WS3 3JP  
Tel: 01922 775140  
Website: [www.fieldrdsurgery.co.uk](http://www.fieldrdsurgery.co.uk)

Date of inspection visit: 27 October 2015  
Date of publication: 14/01/2016

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	6
What people who use the service say	8
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Background to Field Road Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Field Road Surgery on 27 October 2015. Overall the practice is rated as good.

Specifically, we rated the practice as good for providing safe, effective, caring, and responsive and well led services. The service provided to the following population groups was rated as good:

- 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).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. However, some essential safety checks were due updates.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management.

However, there was an area of practice where the provider needs to make improvements.

The provider should :

# Summary of findings

- Review the results of the 2015 national GP patient survey and consider whether improvements are needed to improve patients' experience of the service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

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

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients spoken with on the day and feedback from completed CQC comment cards told us that most patients found it easy to make an appointment with a named GP. However, some patients told us of difficulty in accessing routine appointments. Results from the 2015 national GP survey showed that patients responded positively in relation to satisfaction with how they could access care and treatment. However, patients experience of making an appointment

Good



# Summary of findings

and practice opening hours were below the CCG and national average. The practice had previously reviewed the appointment system in response to patient feedback and made changes although they had not reviewed the results of the most recent survey published in July 2015. However, the PPG had plans to review the most recent survey and undertake a practice survey to ensure findings were acted on.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## **Are services well-led?**

The practice is rated as good for being well-led. It had a vision and strategy, staff were aware of the vision and their responsibilities in relation to this. There was clear leadership and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice had a patient participation group (PPG) and there was evidence from meeting minutes and discussion with PPG members that the PPG was trying to generate interest, promote itself and engage with patients. Staff had received inductions, appraisals and staff meetings took place.

**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 good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice employed a pharmacist to undertake reviews for patients over the age of 75 years. This enabled patients to receive their annual health check including a review of their medication and an assessment of risk factors such as dementia screening and potential risk of emergency hospital admissions. There were 196 patients, of these 51% had received a reviews.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice was an 'Any qualified provider' (AQP) for diabetes services. This enabled both patients registered at the practice and patients registered elsewhere to receive diabetes services usually undertaken in secondary care services at the practice.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Rates for standard childhood immunisation were mostly above the CCG averages. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

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

The practice is rated as good for the care of working-age people (including those recently retired and students). 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 offered online services and telephone consultations as well as a full range of health promotion and screening that reflected the needs of this age group. The practice had increased access for working age patients by reserving extended hour opening for those patients who worked.

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 and those with a learning disability. We saw that there were 16 patients on the learning disability register and the practice had carried out annual health checks for most of these patients with further reviews planned. It offered longer appointments for people with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. It had told 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



## **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). There were 26 patients on the mental health register and the practice had carried out annual health checks for most of these patients with further reviews planned. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) as a result of experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

There were 323 survey forms distributed for Field Road Surgery for the national GP patient survey published in July 2015 and 110 forms were returned. This was a response rate of 34.1%. The results showed the practice was performing in line with local and national averages in some areas above, for example:

- 72% found it easy to get through to this surgery by phone compared with a CCG average of 75.5 % and a national average of 73%.
- 82.6% found the receptionists at this surgery helpful compared with a CCG average of 86.6% and a national average of 86.8%.
- 58.8% with a preferred GP usually get to see or speak to that GP compared with a CCG and national average of 60%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.8% and a national average of 85%.
- 87.5% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 91.8%.
- 77.5% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.7% and a national average of 64.8%.
- 59.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 57.7%.

However, there were also areas where the practice was performing below local and national averages. These were:

- 63% described their experience of making an appointment as good compared with a CCG and a national average of 73%.
- 64% said they were satisfied with the surgery's opening hours compared with a CCG and national average of 74%.
- 57% said the GP surgery was currently open at times that were convenient compared with a CCG average of 74% and a national average of 73.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients told us that staff who were caring, helpful and they were treated with dignity and respect. However, two comment cards included comments about difficulty accessing routine appointments.

On the day of the inspection we spoke with seven patients including one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients said that they were happy with the standard of care and treatment that they had received and said their health needs were being met. However, two patients also said that accessing routine appointments could be difficult.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the results of the 2015 national GP patient survey and consider whether improvements are needed to improve patients' experience of the service.

# Field Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Field Road Surgery

Field Road Surgery provides primary medical services to approximately 4000 patients in the local community. There are two GP partners (one male and one female) working at the practice together with two salaried GPs (one male and one female). The practice is a training practice for GP trainees (fully qualified doctors who wish to become general practitioners). At the time of the inspection there was one trainee GP. The GPs are supported by an advanced nurse practitioner (ANP), a practice nurse and a phlebotomist. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as childhood vaccination and immunisation and minor surgery (joint injection). Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice is an 'Any qualified provider' (AQP) for diabetes services. This enabled both patients registered at the practice and patients registered elsewhere to receive diabetes services usually undertaken in secondary care services at the practice.

The practice opening times are Tuesdays, Wednesdays and Thursdays from 8.30am to 6.30pm with the exception of Fridays when the practice closes at 1pm and does not re-open during the afternoon. The practice provides an extended hours service on Mondays when it is open from 8.30am to 8pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'Badger' the external out of hours service provider. When the practice is closed during core hours on a Friday afternoon patients can access general medical service by contacting 'WALDOC' which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a low deprivation score compared to other practices nationally. Data showed that the practice has a slightly higher than average practice population aged 75 years and over in comparison to other practices nationally with a value of 9% compared to the national average of 7.6%. The practice also has a slightly higher than the national average number of patients with caring responsibilities with a rate of 19.5% compared to the national average of 18.2%. The practice had a higher than national average number of patients with a long standing health condition with a rate of 65.7% compared with a national average of 54%.

The practice achieved 99.4% points for the Quality and Outcomes Framework (QOF) for the financial year 2013-2014. This was above the national average of 94.2% with a 3.6% exception reporting. The QOF includes the

# Detailed findings

concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The QOF is a voluntary annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

## 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:

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our visit we spoke with a range of staff (GPs, a practice pharmacist, an advanced nurse practitioner, administrative/reception staff and the practice manager). We spoke with patients who used the service and with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. For example, for reporting incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

The practice had a system in place for reporting and recording clinical significant events, incidents and accidents. There were 14 significant events that had occurred during the last 12 months. We reviewed records of these and saw this system was followed appropriately. We saw that significant events were discussed at monthly clinical meetings and that action was taken to ensure learning. For example, we saw an example of a significant event relating to a delay in a patient receiving a scan which they had been referred for. As a result of this the practice undertook an audit to check if other patients had received their scan in a timely manner. This was also shared with staff during the monthly clinical meeting which were well attended by staff.

National patient safety alerts were shared by the practice manager to staff and discussed in clinical meetings.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff had received training relevant to their role. Some staff were due updates however, this had had been identified and appropriate training planned for December 2015. There were policies in place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating.

Although there were no formal meetings with health visitors there were arrangements in place to discuss or follow up concerns. There was a system to highlight vulnerable patients on the practice's electronic records.

- There was a chaperone policy in place and notices were displayed on consulting room doors, advising patients that a chaperone service was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The building was not owned by the practice and a facilities management service took the role of overseeing health and safety within the premises. As a result not all records were stored by the practice. However, the practice was able to provide evidence that safety related policies and risk assessments were in place. This included health and safety risk assessments associated with the general environment. There were data log sheets for the control of substances hazardous to health (COSHH) which were in day to day use. A legionella risk assessment was completed by an external contractor in May 2015. Legionella is a bacteria which can contaminate water systems in buildings. The practice had a fire policy and a risk assessment had been completed in June 2015. Fire equipment and alarms were checked by an external contractor to ensure they were in good working order. Staff were due fire training and this had been booked for January 2016 however, fire drills had been carried out to ensure staff were aware of what to do in the event of a fire emergency. Clinical equipment was checked to ensure it was working properly. Electrical equipment had been recently tested in October 2015 by an external contractor, although the practice had not yet received the completed report. The practice also carried out visual checks of electrical equipment and this was last completed in June 2015.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There were schedules in place for the cleaning of equipment used in consulting rooms. The cleaning of

## Are services safe?

the general environment was undertaken by an external cleaning company and there were cleaning specifications in place. The Advanced Nurse Practitioner was the infection prevention and control (IPC) clinical lead and liaised with the local IPC teams to keep up to date with best practice. There was an IPC policy in place to provide staff with guidance and ensure consistency in practice. There was a contract in place for the safe disposal of clinical waste. Annual infection control audits were undertaken and the last audit had been undertaken in February 2015 by a NHS Trust commissioned by the Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. The audit identified actions for the practice to take. We saw that there was one action outstanding and this was in progress. The practice had a procedure in place for the deep cleaning of material curtains. We saw that most staff had received up to date training, some staff were due updates however, this had had been identified and appropriate training planned.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. We checked medicines for use in a medical emergency and medicines in refrigerators and found they were stored securely, in date and were only accessible to authorised staff. Records showed that fridge temperature checks were carried out which ensured medications such as vaccinations were stored at the appropriate temperature.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. All prescriptions were reviewed by either a GP or the practice pharmacist and then signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. Both blank prescription forms for use in printers and those for hand written prescriptions were held in securely. The serial numbers for paper prescription pads taken on home visits were recorded to ensure a clear audit trail. The practice had recently implemented the electronic prescription service with local community pharmacists which would benefit some patients.

- National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of the medicines and equipment. Practice records confirmed that the emergency medicines and oxygen were checked regularly to ensure they were in date. The automated external defibrillator was shared with a practice in the same premises as Field Road Surgery and we were told that this other practice took responsibility for checking the equipment. We saw that the equipment was in date but the practice had no records to confirm that checks were being carried out to provide assurance that it was in good working order. The practice told us that checks would be implemented to ensure they were being done consistently. Home visits bag for the GPs contained relevant equipment but did not include any medications.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the plan was accessibly remotely in the event this was required. On the day of the inspection there was a power failure which meant the clinical system was not accessible. In response to a previous power failure it was practice policy to print a list of patients attending appointments

## Are services safe?

each day so that the service could still operate in the event of a power failure. However, the business continuity plan referred to a 'back up system' for accessing policies and procedures but there was no system in place on the day.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, guidance on women's health and treatment of heart failure. The practice had systems in place to ensure all clinical staff were kept up to date and discussions took place at regular clinical meetings. The practice staff had access to guidelines from NICE from the practice computer and used this information to develop how care and treatment was delivered to meet needs. Staff described how they carried out assessments which covered health needs and was in line with national and local guidelines. They explained how care and treatment was planned to meet identified needs. They described reviewing patients at required intervals to ensure their treatment remained effective.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included reviewing discharge summaries following hospital admission to establish the reason for admission. These discussions included the practice pharmacist and members of the relevant multidisciplinary team. These patients were reviewed to ensure care plans were documented in their records and their needs were being met. This assisted in reducing the need for them to go into hospital.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The practice proactively reviewed its QOF figures and recalled patients when necessary for reviews. There were allocated staff members responsible for overseeing QOF and a team approach to the management of patients with long term conditions which ensured a high QOF score. The published data from 2013/14 showed that the practice had achieved 99.4% of the total number of QOF points available with a 3.6% exception reporting. The QOF includes the

concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed that the practice was in line or above the national average for a number of QOF indicators, for example:

- Performance for diabetes related indicator for foot examinations was 97.7% which was higher than the national average of 88%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months was satisfactory, was 90.6% which was higher than the national average of 78.5%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was similar to the national average of 83%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 83% which was similar to the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been seven clinical audits completed in the last 12 months, this included audits looking at high risk patients and those on the gold standard framework for end of life care and medication audits for example, reviewing patients on strong pain relief medication. We saw evidence of completed audits where improvements were implemented and monitored. For example, following an audit to review patients with a specific health condition it was identified that some patients had not received an annual health check. As result patients received a health check which included relevant investigations and systems were put in place to ensure these patients received regular health reviews.

### Effective staffing

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

# Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff which included induction packs for GP trainees and locums.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included core training in areas such as safeguarding children and vulnerable adults, basic life support and infection prevention and control. A system was in place to record staff training and staff had received training relevant to their role. Staff discussed with us training opportunities they had been given to develop skills in line with their roles and responsibilities. For example, the GPs had received level three children's' safeguarding although some were due updates and this had been planned. Staff undertaking chaperone duties had received training and the practice nurse had received updates for undertaking cervical screening and administering childhood immunisations. There was training provided to the GP trainees to support their professional development and protected learning time for all staff. However, some staff were due training updates in areas such as infection control and safeguarding although this had been identified and training planned.
- The learning needs of staff were identified through a system of appraisals and meetings.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- Staff had various lead roles within the practice to support the management of patients' care and treatment. These included QOF, safeguarding, womens health and complaints.
- There were regular practice and clinical meetings that provided the opportunity to share important information with staff. The minutes showed that these meetings covered a number of areas including significant events and complaints. There was protected time each week for team briefs which allowed staff to get together have lunch and discuss any relevant issues.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system, their intranet and an integrated pathology and discharge summaries system linked to the local acute hospital. This included care plans, risk assessments, medical records and results of tests and investigations. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice referred patients appropriately to secondary and other community care services such as district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen.

Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to other health professionals, or after they were discharged from hospital. The practice implemented the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. This included a palliative care register with 18 patients and regular multidisciplinary meetings to discuss the care and support needs of patients and their families. We also spoke with a practice pharmacist who told us that there were effective systems in place to manage the needs of patients with complex needs and long term conditions.

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Booklets were made available to all staff on the principles of the Mental Capacity Act 2005. Our discussion with staff demonstrated that they understood the relevant consent and decision-making requirements of legislation when providing care and treatment and would act on any concerns about a person lacking capacity to consent. This included Gillick competence (the Gillick test is used to help assess whether

# Are services effective?

(for example, treatment is effective)

a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff confirmed that assessments of capacity to consent would be carried out in line with relevant guidance.

There were 16 patients on the learning disability register and 26 patients on the mental health register most of whom had received a health review and further reviews were planned. We reviewed a sample of care plans for patients with a learning disability and those with mental health needs and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients who may be in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking, family planning and sexual health.

The practice had a display monitor with health promotion information. There was also information displayed raising patients awareness on smoking cessation, flu vaccination and family planning.

The practice had a comprehensive screening programme. Data showed that the practice's uptake for the cervical screening test was 85.6% which was similar to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Findings were audited to ensure good practice was being followed.

Childhood immunisation rates were mostly above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds were 100%, for two year olds ranged from 83% to 100% and five year olds from 97 % to 100%. Flu vaccination rates for patients over 65 years was 80%; this was higher than the national average of 73%. Flu vaccination for at risk groups was 59%, this was similar to the national average of 52%.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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 dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We did not see any posters informing patients that they could speak in private away from the reception area, however, reception staff told us they offered to speak with patients in a private room if they wanted to discuss sensitive issues or appeared distressed.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 34 completed cards. Patients described staff as kind and respectful and said their privacy and dignity was maintained. Comment cards highlighted that staff responded to patients compassionately when they needed help and provided support when required. On the day of the inspection we spoke with seven patients including one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Patients described staff as caring and helpful.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performance was mostly similar to local and national averages in relation to consultations with the GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 83% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 94.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

- 83.8 % said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 91.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.6% and national average of 90.4%.
- 82.6% said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.8%.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had 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 published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for example:

- 86.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 87% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 90% and national average of 89.6%.
- 83.5% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 85.9% and national average of 84.8%.

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

## Are services caring?

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

There was a display monitor with patient information and leaflets in the patient waiting room that provided patients with information on how to access a number of support groups and organisations such as carers support services.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

were carers and there were 30 patients registered at the practice. A policy and information was in place to help support carers and to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered 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 as well as referral for bereavement counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Services were planned and delivered to take into account the needs of different patient groups and provide flexibility, choice and continuity of care, for example:

- There were three pharmacists who provided support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in Walsall to have pharmacy support to ensure safe and appropriate prescribing of medications and increase efficiency in repeat prescribing. The role of the pharmacists included undertaking regular medication audits with the practice to ensure prescribing was in line with best practice and reviewing patients on high risk medicines and those with complex needs. In addition the practice employed a pharmacist to undertake reviews for patients over the age of 75 years. This enabled patients to receive their annual health check including a review of their medication and an assessment of risk factors such as dementia screening and potential risk of emergency hospital admissions.
- Systems to review and recall patients with long term conditions such as asthma and chronic obstructive pulmonary disease (COPD).
- The practice was an 'Any qualified provider' (AQP) for diabetes services. This enabled both patients registered at the practice and patients registered elsewhere to receive diabetes services usually undertaken in secondary care services at the practice.
- The practice offered an in-house phlebotomy (blood sampling) service and minor surgery (joint injections).
- Longer appointments were available for patients with a learning disability and long term conditions. There were annual health checks for patients with a learning disability and those with mental health needs.
- Home visits were available for older patients / patients who would benefit from these. The Advanced nurse practitioner (ANP) also visited housebound patients for their chronic disease reviews, seasonal influenza vaccinations and for extra support where needed.
- Urgent access appointments were available on the same day for children, the elderly and patients who were vulnerable.
- There were accessible facilities and a hearing loop to assist patients who used hearing aids.
- There were extended opening hours on a Monday evening which was exclusively for working patients and patients could book appointments and order repeat prescriptions on line. The practice had recently implemented the electronic prescription service with local community pharmacists which would benefit patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.
- The practice had a patient participation group (PPG) and was registered with the National Association for Patient Participation. There were six members and we spoke with one member during the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. There was evidence from meeting minutes and discussion with the members that the PPG was trying to generate interest, engage with patients and act on feedback. For example, the PPG had reviewed the results of the previous national GP survey undertaken from January- March 2015 which identified access to appointments as an area for improvement. Actions taken as a result of patient feedback included increasing the number of same day and urgent appointments available. As a response to feedback the PPG had also introduced a display monitor in reception to provide helpful information to patients and was working with PPG members from other practices based in the same building to address the issues of limited parking. The PPG had also set up two health fairs with 20 different participants to help promote health and wellbeing and provide patients with information and advice.

### Access to the service

The practice opening times were Tuesdays, Wednesdays and Thursdays from 8.30am to 6.30pm with the exception

# Are services responsive to people's needs?

## (for example, to feedback?)

of Fridays when the practice closed at 1pm and did not re-open during the afternoon. The practice provided an extended hours service on Mondays when it was open from 8.30am to 8pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance. Urgent and same day appointments were released on the day and available for patients that needed them. Patients could book appointments and order repeat prescriptions online. There were telephone consultations available with GPs.

Results from the national GP patient survey published in July 2015 showed that overall patients responded positively in relation to satisfaction with how they could access care and treatment and this was similar to local and national averages. For example:

- 72% found it easy to get through to this surgery by phone compared with a CCG average of 75.5 % and a national average of 73%.
- 58.8% with a preferred GP usually get to see or speak to that GP compared with a CCG and national average of 60%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.8% and a national average of 85%.
- 87.5% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 91.8%.
- 77.5% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.7% and a national average of 64.8%.
- 59.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 57.7%.

However, the practice was performing below local and national averages in the following areas:

- 63% described their experience of making an appointment as good compared with a CCG and a national average of 73%.
- 64% said they were satisfied with the surgery's opening hours compared with a CCG and national average of 74%.

- 57% said the GP surgery was currently open at times that were convenient compared with a CCG average of 74% and a national average of 73.8%.

The practice had not reviewed the results of the most recent national GP survey published in July 2015. However, they had reviewed the results of the previous national GP survey undertaken from January- March 2015 which identified access to appointments as an area for improvement and triggered a review of the appointment system. Actions taken as a result of patient feedback included having an on call doctor triaging all appointments during peak times and providing same day appointments to older patients and children. More recently, the practice reduced the number of pre-bookable appointments on offer each week and instead offered more same day routine and urgent appointments as feedback suggested that this was what patients preferred. The practice had also increased access for working age patients by reserving extended hour opening for those patients who worked. The PPG had plans to review the most recent survey and to undertake a practice survey to ensure findings were acted on.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. However, two comment cards included comments about difficulty accessing routine appointments.

On the day of the inspection we spoke with seven patients including one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients said that they were happy with the standard of care and treatment that they had received and said their health needs were being met. However, two patients also said that accessing routine appointments could be difficult.

### Listening and learning from concerns and complaints

The practice had a 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.

We saw that a complaints leaflet was available to help patients understand the complaints system. The practice

## Are services responsive to people's needs? (for example, to feedback?)

had received one complaint in the last 12 months which was satisfactorily handled. Complaints were discussed with staff during staff meetings to ensure learning and reflection.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision for the practice included the possibility of merging with another practice which the GPs felt would provide improve capability and resources. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the vision.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and 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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements. For example, audits looking at high risk patients and those on the gold standard framework for end of life care.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was part of the Walsall GP Federation and one of the GPs had a lead role within the federation. The aim of the federation was to improve collaborative working with local GP practices and stakeholders in developing services for the local population as well as providing training and support to staff across member practices.

### Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at practice and clinical meetings and confident in doing so and felt supported if they did. There was protected time each week for team briefs which allowed staff to get together have lunch and discuss any relevant issues. Staff said they felt respected, valued and supported by the partners in the practice and the practice manager. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, reviewed feedback from patients and submitted proposals for improvements to the practice management team. For example, actions taken as a result of patient feedback included increasing the number of same day and urgent appointments available. As a response to feedback the PPG had also introduced a display monitor in reception to provide helpful information to patients and was working with PPG members from other practices based in the same building to address the issues of limited parking. The PPG was planning to review the most recent national GPP survey to ensure findings were acted on and there were plans to undertake a practice specific survey.

The practice had also gathered feedback from staff through meetings, staff surveys, team briefs, appraisals and discussions. 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.

### Innovation

The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. The practice employed a pharmacist to undertake reviews for patients over the age of 75 years. This enabled patients to

# Are services well-led?

Good 

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

receive their annual health check including a review of their medication and an assessment of risk factors such as dementia screening and potential risk of emergency hospital admissions.

The GPs, practice manager and advanced nurse practitioner were undertaking a leadership course funded by the local deanery. The aim of the course was to help

improve leadership and culture within the practice by engaging with staff. As a result of learning from the course the practice undertook a staff survey which showed that the more staff engagement was required. The practice responded to this feedback by introducing protected time each week for informal. team briefs which allowed staff to get together have lunch and discuss any relevant issues.