

Hazelwood Group Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hazelwood Group Practice

on 18 July 2016. Overall the practice is rated as good.

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

- Patients told us they were treated with dignity, respect and compassion. Patients were involved in decisions about their care and treatment.
- The practice reviewed the needs of the local population and made appropriate changes when necessary. For example, changes to the appointment system were made in order to make more same day appointments available.
- Processes and procedures were in place to ensure patients were safe. This included an appropriate system for reporting and recording significant events. They were fully reviewed at every staff meeting.

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons learned were not repeated.
- Risks to patients were assessed and well managed.

However there were areas of practice where the provider should make improvements:

- Keep copies of the Business Continuity Plan off-site.
 - The practice should review personnel files to ensure they contain the information required under current legislation.
- The practice should review information available to patients to ensure it is accurate.
- The practice should ensure easy to understand and accessible information about services is available for patients.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had appropriate systems in place to ensure patients were protected from abuse. Staff we spoke with were aware of these. All staff had received appropriate safeguarding training in line with the Warwickshire Multi-Agency Safeguarding Hub (MASH).
- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings and analysed to ensure lessons learned were fully implemented.
- When there were unintended or unexpected safety incidents, the practice ensured that patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- Risks were assessed, well managed and regularly reviewed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2014/15 demonstrated that patient outcomes were either at or above average when compared with the national average.
- Staff delivered patient care according to current evidence based guidance. This was regularly reviewed.
- We were satisfied that practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.
- The practice used clinical audits to identify areas of improvement and acted upon the results.
- All staff received annual appraisals and had personal development plans.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.
- The practice had opted not to sign up for the optional unplanned hospital admissions monitoring for elderly and vulnerable patients with the Clinical Commissioning Group.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- The practice actively identified carers and provided appropriate advice and support.
- Easy to understand and accessible information about services was available for patients, however the practice should regularly review this to ensure it is accurate.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice building had good facilities and was equipped to treat patients and meet their needs. At the time of our inspection the practice was considering future requirements of the practice facilities in the context of the growing local population.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs, for example there were good working relationships with the local health visitors and community midwife team.
- The practice reviewed the needs of the local population and made appropriate changes when necessary. For example, re-introducing initial midwife appointments to the practice had enabled a more comprehensive service to be provided and made it easier for patients to obtain appointments.
- The practice had not considered the system in place to review and support people's care needs following discharge from hospital.
- Patients told us they were always able to obtain a same day appointment when needed.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had clear aims and objectives which defined and explained how it delivered care and treatment to patients. Staff understood this and how it related to their work.

Summary of findings

- The practice reviewed the needs of the local population and made appropriate changes when necessary. For example, re-introducing patients' initial midwife appointments to the practice had enable a more comprehensive service to be provided and made it easier for patients to obtain appointments.
- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings. However, not all clinical staff were aware of all procedures. One GP partner we spoke with was unaware of the Business Continuity Plan and copies were not kept off-site, so it could not be referred to if the practice building was unavailable.
- The practice patient leaflet contained outdated information regarding the treatment of children with a fever.
- The practice did not hold copies of evidence of identity for staff, although this was checked as part of the recruitment process.
- An incorrect contact telephone number for the out of hours service was displayed outside of the practice.
- Processes were in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients and staff. It carried out its own patient survey, which it acted on. The Patient Participation Group (PPG) was active and was in the process of being re-launched to make it more effective. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- Older patients were given personalised care which reflected their needs. The practice recognised the local population was increasing in average age.
- Elderly and frail patients were prioritised for same day appointments.
- The practice had not considered the system in place to review and support people's care needs following discharge from hospital.
- The practice closely monitored patients who received multiple medicines and those who lived in care homes. This included falls prevention advice in the latter.
- GPs visited two local care homes weekly and responded to urgent medical needs when required.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

People with long term conditions

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

Good



- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition. The practice had developed its own system for managing these appointments.
- All patients with a long term condition had a condition management plan which was reviewed annually.
- Longer appointments and home visits were available for patients with long term conditions when needed.

Families, children and young people

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

Good



Summary of findings

- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- Initial appointments with the midwife had been re-introduced to the practice following a move to the local children's centre. Follow-up appointments were still held at the children's centre, but the change made it easier for patients to be introduced to the midwife.
- The practice worked closely with the local health visitor team.
- A total of 86% of eligible patients had received cervical screening in the last 12 months. This was above the national average of 82%.
- Appointments were available outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were mostly above average for the Clinical Commissioning Group (CCG).
- A full range of family planning services was available.

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 practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments and telephone consultations were available for patients who were unable to reach the practice during the day.
- Appointments could be booked and repeat prescriptions requested on-line.
- Health checks for patients within this population group were actively promoted
- A full range of services appropriate to this age group was offered, including family planning, smoking cessation and travel vaccinations.

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.

- There was a register of vulnerable patients including those with a learning disability.
- Longer appointments were available for patients with a learning disability or if other care needs required it.

Good



Summary of findings

- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice closely monitored patients who received multiple medicines and those who lived in local learning disability homes.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.

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).

- Staff we spoke with demonstrated they had a good working knowledge of how to support patients with mental health needs and dementia.
- A carer support plan was used to offer carers both physical and psychological support.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients who were diagnosed with depression received a follow up from a GP within eight weeks of diagnosis.
- Patients were signposted to appropriate local and national support groups.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results were mixed and we saw how the practice was working to improve these. 224 survey forms were distributed and 116 were returned. This represented a 52% completion rate.

- 59% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 64% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 4 comment cards, all of which were positive about the standard of care received. Patients said they could always obtain an appointment for the same day when needed, appointments were always on time and GPs and nursing staff always gave them enough time.

We spoke with eleven patients during the inspection. One patient was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. All the patients we spoke with said they received excellent care from the practice and that the GP and practice nurses treated them with respect and listened.

We spoke with the management of one of the care homes served by the practice. They told us GPs gave them an excellent and efficient service.

Areas for improvement

Action the service SHOULD take to improve

- Keep copies of the Business Continuity Plan off-site.
- The practice should review personnel files to ensure they contain the information required under current legislation.
- The practice should review information available to patients to ensure it is accurate.
- The practice should ensure easy to understand and accessible information about services is available for patients.

Hazelwood Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience, who is a person with experience of using healthcare services.

Background to Hazelwood Group Practice

Hazelwood Group Practice is located in Coleshill, a town on the Warwickshire and West Midlands border. It is a group practice which provides primary medical services to patients in a semi-urban area. It was established in 1974 and has expanded considerably since.

The practice had 10,034 patients registered at the time of our inspection. Most patients speak English as a first language. It has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is a member of a local GP federation, a group of practices that work together and share ideas to improve patient care. The practice also has a dispensary for use by patients.

Hazelwood Group Practice has four GP partners (a mix of male and female) and two physicians associates who are specially trained to support clinical staff in their duties. There are also four practice nurses and two healthcare assistants. They are supported by a practice manager and administrative and reception staff. The practice dispensary has its own dedicated staff.

The practice is open from 8am to 1pm and from 2pm until 6pm during the week. Appointments are available from 8.15am to 12.15pm and from 2pm to 5.15pm. Phone lines are open until 6.30pm and there is a duty GP available throughout the day from 8am to 6.30pm. Most patients are tri-aged by a GP over the telephone before an appointment is made. The practice offers extended hours opening on Tuesdays until 7.30pm and on Saturdays from 8.30am to 12.15pm. When the practice is closed, patients can access out of hours care provided by Care UK through NHS 111. This is based at George Eliot Hospital in Nuneaton. The practice has a recorded message on its telephone system to advise patients how to access the out of hours service. This information is also available on the practice's website.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours.

The practice also cares for patients at two local care homes which GPs visit weekly and also respond to urgent health care needs when required.

The practice is also an approved training practice for doctors who wish to become GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart

Detailed findings

disease. Other appointments are available for minor surgery, blood tests, insulin initiation, family planning, post-natal follow up and smoking cessation amongst others.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 18 July 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed policies, procedures and other information the practice provided before the inspection.
- Spoke with the manager of one of the care homes served by the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

Hazelwood Group Practice had appropriate procedures and systems in place for reporting and recording significant events.

- Staff we spoke with described the practice incident reporting procedure and we were shown the reporting form the practice used. This supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice carried out a continuous audit and analysis of significant events. We examined four that had occurred within the last 12 months. We saw all had been recorded, investigated and discussed fully with staff. Lessons to be learnt had been identified and implemented. For example, when a hospital referral letter was sent to the wrong patient, the practice acted quickly to correct the mistake and introduced an additional level of checking to minimise the risk of the error being repeated.
- GPs explained that if things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence this was carried out.

As part of our inspection, we examined safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw how lessons were shared and action was taken to improve safety in the practice. For example, after the incident described above, affected patients were contacted and a full explanation and apology given.

Overview of safety systems and processes

When we inspected Hazelwood Group Practice, we were satisfied the practice had appropriate systems, processes and procedures in place to keep patients safe and safeguarded from abuse, which included:

- There were appropriate standards of cleanliness and hygiene within the practice and we observed the premises to be visibly clean and tidy. The practice nurse

was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest had been carried out in April 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified. We saw that actions from previous infection control audits had been promptly completed.

- There were systems in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements issued by the Warwickshire Multi-Agency Safeguarding Hub (MASH). Staff told us how they could access these policies and we saw evidence of them. They outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who had been trained to an appropriate level. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, the GPs and safeguarding lead had all been trained to level three in children's safeguarding.
- An appropriate system was in place for actioning and tracking patient safety alerts.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- We checked medicines stored in the dispensary, medicine and vaccines refrigerators and found they were stored securely. There was a clear policy for ensuring that refrigerated medicines were kept at the required temperatures; the policy also described the action to take in the event of a potential failure. The practice staff followed the policy.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The DSQS is a national scheme that rewards practices for providing high quality services to patients of their dispensary.
- The practice had carried out a dispensing review of patients (DRUMS) on 72% of their patients to ensure that medicines were being used safely and correctly
- We were satisfied the practice had a comprehensive and clear process to manage changes to a patient's prescription by other services.
- Systems were in place to ensure that repeat prescriptions were monitored effectively and that patients were able to request repeats by a number of means including on-line. We noted that all repeat prescriptions had been signed by a GP before being given to patients. Acute prescriptions were authorised to be dispensed by GPs using the practice's computer system. Prescriptions for controlled drugs were always signed by the GP before being dispensed and given to patients.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot.
- Dispensary staff explained how they monitored prescriptions that have not been collected and informed GPs of this. Dispensary staff also informed GPs if they observed any deteriorating health problems which may prevent patients from taking their medicines safely. We also observed that dispensary staff advised patients on possible side effects of medicine they received and on whether medicines should be taken with or after food. The practice had recently introduced a revised system for monitoring the use of prescriptions and should continue to monitor this to ensure the improvements are sustained.
- We observed that the dispensing process was safe and made use of a second person check and a bar-code check. We noted that the dispensary provided medicines in multiple dose systems (dosettes) and that there were robust systems in place to prepare and second person check these items.
- Patient Group Directions (PGDs) were in place and used to allow nurses to administer medicines in line with legislation.
- There was a notice in the waiting room to inform patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. This was detailed in the recruitment protocol. Evidence of identity for staff was not held, although staff records we examined demonstrated this was checked as part of the recruitment process. Staff we spoke with also confirmed this.

Monitoring risks to patients

We were satisfied that risks to patients were assessed and well managed by the practice.

- Potential risks to patient and staff safety were monitored appropriately. The practice had up to date fire risk assessments (last carried out in April 2016). All electrical equipment was checked to ensure the equipment was safe to use (checked July 2015 and was due to be carried out again on the day after our inspection) and clinical equipment was checked to ensure it was working properly. This had last been

Are services safe?

checked in March 2016. During our inspection, we found one piece of equipment that had been missed during this exercise. The practice manager told us this would be rectified.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. A Legionella risk assessment had been carried out in December 2015.
- Monthly meetings were held with Warwickshire North Clinical Commissioning Group (CCG) to examine medicines management and prescribing trends. This was to ensure prescribing was in line with local and national guidelines. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.)
- Regular child at risk meetings were held with health visitors.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. This was detailed in the staffing level policy. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent.
- The practice employed two physicians associates who were specially trained to support clinical staff in their duties. They received appropriate supervision and support from clinical staff.

Arrangements to deal with emergencies and major incidents

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

- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. This equipment was regularly checked. A first aid kit and accident book were also available.
- Training records demonstrated all staff received annual basic life support training. There were emergency medicines available, which were securely stored and staff knew how to access these. Checks were regularly made on these medicines to ensure they were within date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use the branch surgery if the practice building was unavailable. The plan included emergency contact numbers for staff. One GP partner we spoke with was unaware of it and also copies were not kept off-site, so it could not be referred to if the practice building was unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Hazelwood Group Practice assessed the needs of patients needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- NICE guidelines were regularly reviewed at clinical staff meetings. We saw evidence of meeting minutes to confirm this.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- There were systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

Data collected by the practice for the Quality and Outcomes Framework (QOF) and performance against national screening programmes was used to closely monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2014/15) showed that the practice achieved 98% of the total number of points available with 8% exception reporting. This total was similar to the Warwickshire North Clinical Commissioning Group (CCG) average of 97% with 8% exception reporting.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

This practice was not an outlier for any QOF (or other national) clinical targets. For example:

- Dementia related indicators. The practice achieved 100% with an exception rate of 7%. This was above the CCG average of 97% with an exception rate of 6%.
- Hypertension (high blood pressure) related indicators. The practice achieved 100% with an exception rate of 5%. This was above to the CCG average of 99% with an exception rate of 3%.
- Chronic Kidney Disease related indicators. The practice achieved 98% with an exception rate of 8%. This was above the CCG average of 95% with an exception rate of 5%.

There was evidence of quality improvement including clinical audit:

- There was a comprehensive programme of clinical audit was in place. We examined two of these where the improvements made were implemented and monitored. For example, the practice audited patients who were prescribed medicines to prevent blood clotting. They identified six patients who prescriptions needed to be reviewed, and they liaised with secondary healthcare to arrange this.
- The practice participated in local audits, national benchmarking, accreditation and peer review. This included the audit and examination of minor surgical procedures, patient consent for those procedures and post-operative infection rates.
- Findings were used by the practice to improve services. For example, the practice had negotiated with the CCG for the return of initial patient midwife appointments to the practice which had increased the take up of post-natal appointments.

Effective staffing

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

- The practice had a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff had received an appraisal within the last 12 months. Staff we spoke with confirmed this.

Are services effective?

(for example, treatment is effective)

- Dispensary staff had appropriate dispensary training and held qualifications in line with the requirements of the Dispensary Services Quality Scheme (DSQS).
- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. Staff we spoke with said the induction training had been very good and was followed with on-going support.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Although locum GPs were rarely used, a locum induction plan was in place.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated, although the practice had identified some gaps in the training programme. An action plan had been put in place to rectify this.
- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice obtained appropriate patient consent for minor surgery and performed regular audits of patient consent to ensure this was maintained.

Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.
- Information included care plans, medical records and investigation and test results. Patients most at risk (1.3% of the patient list) had care plans in place.

GPs and practice staff explained how they worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined up' package of care with other providers. For example, there was a good working relationship with the local health visitor team and midwife team. Regular multi-disciplinary meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Patients with asthma were encouraged to attend regular reviews with a practice nurse.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Smoking cessation advice was available from the practice. Over the last 12 months, 12% of patients who received smoking cessation advice have stopped smoking as a result.
- Patients who need additional support, such as dietary advice.
- An Integrated Access to Psychological Therapies (IAPT) counsellor held weekly sessions at the practice and branch surgery. Patients could be either referred by staff or self-refer.

Hazelwood Group Practice's data for the cervical screening programme was 86%, above the 83% for the CCG - 86%. This was also above the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Systems were in place to ensure results were received and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mostly above the CCG and national averages. For example, childhood immunisation rates for the

Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds ranged from 99 to 100% and five year olds ranged from 93% to 100%. This compared with the CCG average of 96% to 99% and 94% to 99% respectively.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection of the practice, we saw staff treated patients with respect and kindness at all times.

- All four Care Quality Commission comment cards we received were completely positive about the service experienced. Patients said they felt the practice staff were excellent and provided a caring service.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Staff we spoke with told us when patients needed privacy to discuss sensitive issues they were offered a private room.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us the practice provided excellent care and staff did a fantastic job. He explained how the PPG was being re-launched to try to involve more patients and a broader selection of patients from different population groups.

Results from the National GP Patient Survey published in July 2016 showed above average results for whether patients felt they were treated with compassion, dignity and respect. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

When we spoke with patients, they told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. We discussed these results as outlined in the previous section. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 81%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.
- The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this. This was supported with a carer's support plan.

Are services caring?

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this. Most patients registered at the practice spoke English as a first language.
- Information leaflets could be made available in other languages on request.

Patient and carer support to cope emotionally with care and treatment

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. This included a local support. The practice identified patients who were carers by placing a note within their electronic patient record.

When a patient died, a bereavement card offering advice and support was sent to the patient's family. Patients were also signposted to a bereavement counselling service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We were satisfied Hazelwood Group Practice reviewed the needs of its local population and engaged with the NHS England Area Team and the Warwickshire North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Same day appointments were available for all patients when required. These were prioritised for children, the frail and elderly.
- The practice offered extended hours appointments and telephone consultations for patients who could not attend the practice during normal working hours.
- There were longer appointments available for patients with a learning disability and those with long term conditions.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations and family planning appointments were available.
- The practice had opted not to sign up for the optional unplanned hospital admissions monitoring for elderly and vulnerable patients with the Clinical Commissioning Group. As a result, these patients did not receive additional monitoring.

Access to the service

The practice was open from 8am to 1pm and from 2pm until 6pm during the week. Appointments were available from 8.15am to 12.15pm and from 2pm to 5.15pm. Phone lines were open until 6.30pm and there was a duty GP available throughout the day from 8am to 6.30pm. The practice offered extended hours opening on Tuesdays until 7.30pm and on Saturdays from 8.30am to 12.15pm. Most patients were triaged by a GP over the telephone before an appointment was made.

When the practice was closed, patients could access out of hours care provided by Care UK through NHS 111. This was based at George Eliot Hospital in Nuneaton. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website. An incorrect contact telephone number for the out of hours service was displayed outside of the practice. We examined the practice patient leaflet and found it contained outdated information regarding the treatment of children with a fever.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was mostly below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.

We discussed these results with the GP partners and practice management. The practice had made changes to its telephone and appointment system and increased use was made of telephone consultations where appropriate. This was in response to patient survey results. The practice, together with the Patient Participation Group (PPG) was working to improve these results and they demonstrated improvement had been made over the last 12 months, despite the number of patients registered at the practice having increased during that time. A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care.

When we spoke with patients on the day of our inspection, they told us they could get appointments when needed, but might have to wait a while for the phone to be answered at busier times.

Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns made to the practice.

- The practice had designated the practice manager to handle all complaints received.
- The complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.

Hazelwood Group Practice had received seven complaints from patients within the last 12 months. We examined

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

these and found they were handled in accordance with their complaints procedure and dealt with in a timely way. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated.

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

Hazelwood Group Practice had a clearly defined purpose and vision to provide a high standard of medical care and safe and effective services. Staff we spoke with were aware of the importance of these values.

Governance arrangements

The practice had a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The staff structure for the practice was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within their roles.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes. However, one GP partner we spoke with was unaware of the Business Continuity Plan and also copies were not kept off-site, so it could not be referred to if the practice building was unavailable.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

Leadership and culture

We saw how the practice partners and their management team had the appropriate experience and skills to run the practice and provide high quality care to patients. Staff we spoke with told us the partners were fully approachable and listened to staff ideas and concerns.

There were systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this.

There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Staff we spoke with told us they felt an important part of the team and were well cared for. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.
- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clear management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.

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

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

- The practice had a Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met regularly and was being re-launched to try to involve more patients and a broader selection of patients from different population groups.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- The results from the NHS Friends and Family Test for 2015-2016 showed that 87% of patients who responded were either likely or highly likely to recommend the practice to friends and family.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example, the practice is also an approved training practice for doctors who wish to become GPs and had entered into a partnership with the University of Warwick. The practice was also part of a

Are services well-led?

Good 

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

local GP federation; a group of practices that worked together to share best practice and improve outcomes for patients. Many of the audits which the practice carried out had been initiated by the federation.