

Northgate Medical Centre

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 Northgate practice on 25 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance and staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice worked closely with other organisations in planning how services were provided to ensure that they met patients' needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The practice acted on suggestions received from patients, for example, specific health events and educational evenings and had active support from the Patient Participation Group.
- Patients could access appointments and services in a way and at a time that suited them and patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and an e-consultation service.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations including the introduction of information leaflets on coloured paper and in large print to assist patients with sight difficulties and dyslexia.

Summary of findings

- The practice actively reviewed complaints and how they are managed and responded to and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.
- The practice had purchased computer tablets for all the GP partners to support them on home visits and when doing medication reviews and consultations at the local nursing home.
- The practice shared bank holiday opening hours with other practices, so patients could access medical care during this time.

We saw areas of outstanding practice:

The practice held a variety of educational events with the adjoining practice in the health centre for their patients and the local community. For example:

- A bowel screening awareness event in July 2016 was held, supported by specialist screening practitioners from Royal Wolverhampton Hospital. A total of 32 patients attended.
- A 'diet and diabetes' event was organised in September 2016. A guest speak from the community diabetes team ran the event with the support of the GPs and staff and 40 patients attended.

We found areas where the provider should make improvements:

- Continue with establishing an effective process to increase the identification and support of carers.
- Following clinical audits undertaken, ensure appropriate monitoring and follow up of patients is acted on.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Learning was based on a thorough analysis, investigations and the practice shared incidents at staff meetings to make sure action was taken to improve safety in the practice.
- Medicine alerts were dealt with appropriately. We found an effective system in place to ensure that all alerts were actioned, reviewed regularly and discussed at meetings.
- Risks to patients were assessed and well managed and there were enough staff to keep patients safe.
- Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice has invested in portable computer equipment that had been connected to the practices clinical system. This supported the GPs in reviewing and updating patient records when on home visits and when carrying out medication reviews at the nursing home, ensuring they had immediate access to all relevant patient information.
- The practice supported a local nursing home and had a lead GP who carried out weekly multi-disciplinary team meetings and ward rounds and spent every Tuesday morning reviewing patient care plans.
- There was evidence of quality improvement including clinical audit and the practice regularly took part in clinical research.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice was proactive in ensuring staff learning needs were met and encouraged staff to develop their knowledge and skills.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Regular health events were organised by the practice to support patients to lead healthier lives, including healthy heart, mental health and respiratory problems. One of the GP partners also organised a series of minimal fee paying evening natural health talks by a local naturopath every two months. These were open to the local population and the patient participation group (PPG) encouraged attendance and promoted locally.
- Cancer awareness and screening outcomes were above the local and national averages.
- Data from the Quality and Outcomes Framework (QOF) of 2014/15 showed patient outcomes were above average compared to the national average. The most recent published results were 98% of the total number of points available with an exception reporting rate of 6.1%.

Are services caring?

- Data from the national GP patient survey showed 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. The comment cards patients had completed prior to our inspection provided positive feedback about staff, their approach and the care provided to them.
- Information for patients about the services available was easy to understand and accessible. Information leaflets were also available printed on different coloured paper to support patients with vision difficulties and dyslexia.
- The practice's computer system alerted GPs if a patient was a carer and 0.7% of the practice's population had been identified as carers. The patient participation group (PPG) had set up a detailed display of support groups and organisations carers could access for support. The information on display also encouraged patients to identify themselves if they have caring responsibilities.
- We saw that staff were helpful and maintained standards of confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice ran an anticoagulant clinic for patients on warfarin.
- Patients could access appointments and services in a way and at a time that suited them. Results from the July 2016 national GP patient survey showed the practice scored above local and national average for patient's satisfaction on appointment convenience.
- The practice acted on suggestions received from patients, for example, specific health events and targeted educational evenings for a variety of conditions.
- The practice has set up an e-consult option for patients who are unable to access the surgery. This gives patients the option to request a consultation.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a strong leadership presence with the GPs and Practice Manager. The practice had recently been through significant staff changes with the loss of the nursing team, due to retirement and nurses moving on. The practice had recruited a new team of nurses whose skills and expertise were supporting the GPs in the management of patients with long term conditions and practice initiatives.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Summary of findings

- The practice had vision in relation to improving services for patients for example, e-consult option was now available and the practice had joined with its neighboring practice to request funding for an extension to the building to offer more services including a minor surgery suite.
- The practice proactively sought feedback from patients, which it acted on and the patient participation group was active who worked closely with the practice to improve outcomes for patients. The national GP survey had rated the practice as one of the top ten within the West Midlands and within the top 5% nationally.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to access the practice.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community.
- The practice supported a local nursing home and carried out weekly ward rounds and multi-disciplinary team meetings to offer continuity of care, this included the practice purchasing computer tablets to ensure clinical staff had appropriate access to patients records.

People with long term conditions

Good



- 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.
- The practice had employed a community respiratory nurse for one session a week to support patients with chronic obstructive pulmonary disease (COPD).
- The practice ran an anti-coagulation clinic for patients, which included diagnosis and in-house initiation of medicines.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions including the organisation of regular health and educational events. For example, a diet and diabetes event had been held in September 2016.
- The practice held a bowel screening awareness event in July 2016, supported by specialist screening practitioners from Royal Wolverhampton Hospital. This was offered to patients at both of the GP surgeries situated in the health centre and a

Summary of findings

total of 32 patients attended. The latest published results for screening showed the practice had a higher uptake for bowel cancer screening. For example, 65% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every three months.

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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice. The practice held meetings with the health visitors every three months.
- Childhood immunisation rates for under two and five year olds were comparable to local and national averages for most vaccinations ranged from 75% to 100% compared to the CCG averages which ranged from 74% to 99%. Immunisation rates for five year olds ranged from 77% to 99% compared to the CCG average of 73% to 99%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 83% which was higher than the national average of 82%.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

the needs for this age group this included e-consultations. Results showed 83% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.

- Enhanced sexual health services were also offered (including contraceptive implants and intra uterine devices) to registered patients.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours to suit their working age population, with early morning appointments available once a week. Results from the national GP survey in July 2016 showed 85% of patients were satisfied with the surgery's opening hours which was higher than the local average of 81% and the national average of 79%.

People whose circumstances may make them vulnerable

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed 25 patients were on the learning disability register and 44% of these patients had received their annual health checks and 76% had had a medication review in the past 12 months. The practice sent appointment reminders to patients and was actively trying to reduce the number of patients who did not attend their health checks.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations and held meetings with the district nurses and community teams every three months.
- 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.
- The practice's computer system alerted GPs if a patient was also a carer. There were 72 patients on the practices register for

Good



Summary of findings

carers; this was 0.7% of the practice list. The practice told us they were in the process of further developing their register and encouraging patients to identify themselves if they had caring responsibilities.

People experiencing poor mental health (including people with dementia)

Good



- 98% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%. Data provided by the practice showed that 72% of patients on the dementia register had had their medication reviewed in the past 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The local nursing home also had a dementia unit and the practice was working with the dementia support workers and nursing home team to support the patients residing in the unit
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A community mental health nurse held a clinic once a week to support patients with mental health needs.
- 92% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty survey forms were distributed and 120 were returned. This represented 38% response rate and approximately 1.2% of the total practice list.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 85% 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 75% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 80%.

The practice was rated as being one of the top 10 practices within the West Midlands by the GP national survey and results from the survey also placed the practice in the top 5% nationally.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Some of the comments received explained the exceptional care that was received and how friendly and efficient the staff were.

We spoke with nine patients during the inspection; this included four patients from the patient participation group (PPG). All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue with establishing an effective process to increase the identification and support of carers.
- Following clinical audits undertaken, ensure appropriate monitoring and follow up of patients is acted on.

Outstanding practice

The practice held a variety of educational events with the adjoining practice in the health centre for their patients and the local community. For example:

- A bowel screening awareness event in July 2016 was held, supported by specialist screening practitioners from Royal Wolverhampton Hospital. A total of 32 patients attended.
- A 'diet and diabetes' event was organised in September 2016. A guest speaker from the community diabetes team ran the event with the support of the GPs and staff and 40 patients attended.

Northgate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Northgate Medical Centre

Northgate practice is in Aldridge, Walsall an area of the West Midlands. The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical services contract (GMS), a nationally agreed contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice runs an anti-coagulation clinic, yellow fever vaccination clinic, enhanced family planning services and also provides enhanced services such as minor surgery, childhood vaccination immunisation schemes.

The practice is situated in a multipurpose building with other community services and another GP practice. Based on data available from Public Health England, the levels of deprivation in the area served by Northgate practice are ranked at eight out of ten, with ten being the least deprived. The practice has a registered list size of approximately 10,000 patients, with 28% of the patients aged 65 years and over, which was higher than the national average of 17%.

There are five GP partners (3 male, 2 female) and two salaried GPs (1 male, 1 female). The nursing team consists

of one nurse prescribing practitioner, one practice nurse prescriber, one practice nurse and two health care assistants. The non-clinical team consists of a practice manager, administrative and reception staff.

The practice is a training practice for qualified doctors training as GPs and a teaching practice for medical students.

The practice is open to patients between 8am and 6pm Monday to Thursday and Friday from 7.20am to 6pm. Extended hours appointments are available on Friday morning from 7.20am to 8am. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and NHS 111 service and information about this is available on the practice website.

The practice is part of a federation and works with another practice during bank holidays to offer a GP service for their patients.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice manager and reception 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.'

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

The practice had some systems in place to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, comments and complaints received from patients and we saw evidence to confirm that patient safety alerts were actioned appropriately and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and held monthly GP partner meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed eight significant events that had occurred in the past 12 months. We saw evidence that a review of the anticoagulation clinic (a clinic to monitor and manage patients in receipt of medicines that prevent blood clots) had taken place following a confusion over dosage of medication. The review had resulted in the Nurse Prescriber completing a diploma course at Birmingham University and the two health care assistants who assist in the anticoagulation monitoring being externally trained in the procedures to follow. Significant event records were well organised, clearly documented and continually monitored.
- Patient safety alerts were reviewed and disseminated to staff. The practice manager maintained the alert folder and followed an audit trail to confirm that all alerts had been actioned appropriately. We saw evidence where safety alerts were discussed at meetings.

We reviewed minutes of meetings where incidents and significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- 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. Meetings with health visitors were held every three months to discuss any safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to adult and child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. Cleaning schedules were in place and signed by cleaning staff, demonstrating where cleaning tasks had been completed. There were also systems for ensuring clinical equipment was cleaned regularly.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff received regular training. The practice had effective systems in place to monitor infection control and the practice nurse carried out regular infection prevention checks. The CCG infection

Are services safe?

control team had carried out an infection control audit within the last 12 months and we saw evidence of completed checks and actions taken to address areas identified.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We checked a random sample of medicines and vaccines stored at the practice. We found these to be in date and stored appropriately.
- The practice offered an anti-coagulation service for patients, but we found that some blood monitoring results were unavailable on patients records. On further review we found that these patients were monitored outside of the surgery.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks were available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out risk assessments for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and a rota system was in place for all the different staffing groups to ensure enough staff were on duty. Rota systems were in place for administrative staff. Administrative staff were trained to carry out a range of duties to make it easier for them to cover each other.

Arrangements to deal with emergencies and major incidents

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

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that routine checks were undertaken to ensure the defibrillator and oxygen were in working order and ready for use when needed. We noted the oxygen cylinder was full and had adult and paediatric masks. Appropriate signage was in place to indicate where the oxygen and defibrillator were stored.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Records viewed showed that medicines were checked regularly and in date. Those we saw were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers. Copies of the plan were held off site should the premises become inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 98% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 6% which was lower in comparison to the national average exception reporting of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 91% which was higher than the CCG average of 89% and the national average of 89%. Exception reporting rate was 5%, which was lower than the national average of 11%
- Performance for mental health related indicators was 100% which was higher than the CCG average of 95% and the national average of 93%. Exception reporting rate was 3%, which was lower than the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 99% which was higher than the CCG and national averages of 96%. Exception reporting rate was 16%, which was higher than the national average of 12%.

There was evidence of quality improvement including clinical audits. For example:

The practice had participated in an amiodarone monitoring audit. (Amiodarone is a medicine used to treat and prevent types of irregular heartbeats). National guidance recommends that patients on this medicine are reviewed every six months. The first audit was completed in October 2014 which identified 20 patients who were on the medicine and 44% had received the appropriate monitoring. Following a second audit in May 2016, results showed 75% of patients were being monitored appropriately. The practice is continuing to review patients and plans to repeat the audit in May 2017.

Effective staffing

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

- During the past 12 months the practice had experienced significant staff changes, with staff retiring and moving on. A new nursing team and practice manager were now in place. Staff told us that the new practice manager and GPs had handled the nursing team staff shortages efficiently and with minimal disruption to patients and the new nursing team commented on the support they had received.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through training courses. For example, nurses were supported to attend studies days, such as updates on immunisations and cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the

Are services effective?

(for example, treatment is effective)

revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

The practice had purchased computer tablets for each GP partner which had been aligned with the clinical system to assist the GPs in home visits and when carrying out medication reviews for patients and supporting the GPs when carrying out ward rounds at the local nursing home. The GPs told us that this ensured timely completion of patient records ensuring appropriate up to date information was available.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice implemented the principles of 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). GSF meetings took place every two months to discuss the care and support needs of patients and their families and we saw evidence of minutes to support this.

- Data provided by the practice highlighted that 81% of patients on the palliative care register had a care plan in place. We saw that the patients on the register were regularly reviewed and discussed as part of multi-disciplinary meetings.

The practice took an active approach to joint working and engaged well with other health and social care services.

- Meetings with health visitors were held every three months to ensure a co-ordinated approach to the care of children was in place and to discuss any children with specific needs or concerns.
- One of the GP Partners was the lead GP for the local nursing home and carried out weekly ward rounds and spent every Tuesday morning at the home to offer continuity of care to the staff, patients and their families. Staff at the home told us the care they received from the practice was very good and the GP co-ordinated care of patients within the community with the community matron.
- Multi-disciplinary approach to Dementia care was being undertaken with the opening of a dementia unit at the local nursing home. The home informed us that the lead GP had begun to discuss patients' needs and care provision with dementia support and regular meetings were being held.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were higher than the CCG and national averages. For example,

- 83% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.
- 65% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

The practice held a bowel screening awareness event in July 2016, supported by specialist screening practitioners from Royal Wolverhampton Hospital. This was offered to patients at both of the GP surgeries situated in the health centre and a total of 32 patients attended.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 100% which were comparable to the CCG averages of 74% to 99%. Immunisation rates for five year olds ranged from 77% to 99% which were comparable to the CCG average of 73% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice organised regular health events for the local community and patients registered at the practice. The events included healthy heart cooking demonstrations, signs of mental health and difficulties with respiration. These were well attended and were encouraged by the PPG within the local area. The practice had also organised a diet and diabetes event with the adjoining GP practice. A guest speak from the community diabetes team ran the event with the support of the GPs and staff at the practice and 40 patients attended.

One of the GP partners had also organised a series of evening natural health talks by a local naturopath every two months for the local population. All who attended had to pay a minimal fee, but we were told by the patient participation group who promote these talks within the local area, the attendance was good and the talks were well received.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Portable blinds were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an exceptional service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. Some practice satisfaction scores on consultations with GPs and nurses were comparable with the CCG and national averages. For example:

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% 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%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

There were results which were higher than the CCG and national averages. For example:

- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and were available on various colour papers to support patients with vision difficulties and dyslexia.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There were 72 patients on the practice's register for carers; this was 0.7% of the practice list. The

patient participation group had set up a carers corner which detailed support groups and organisations available in the local area and were encouraging patients to attend health awareness events.

Staff told us that if families had suffered bereavement, the practice sent a sympathy card and contacted the family to offer support and advice. The patient participation group had set up a support folder for patients who had suffered a loss. The folder contained information on support groups and local organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Friday mornings from 7.20am to 8am.
- The practice offered a text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice ran a private travel clinic for vaccinations that were not available on the NHS and the practice was also a registered yellow fever vaccination centre.
- There were disabled facilities and translation services available. A hearing loop was available for patients with hearing difficulties.
- The practice ran an anti-coagulation clinic for patients on warfarin and offered home visits and reviews for patients who were unable to attend the surgery.
- The nurse prescriber offered a minor illness clinic on a daily basis to support patients who did not require to see a GP.
- The practice offered a variety of services including cervical screening, minor surgery, phlebotomy and enhanced sexual health services (including contraceptive implants and intra uterine devices).
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions, including a respiratory nurse who ran a clinic once a week to support patients with chronic obstructive pulmonary disease (COPD).
- The practice provided services from the premises to support some of their more vulnerable patients. These services included shared care drug clinics; weekly sessions with a community psychiatric nurse for those who suffered with anxiety and depression and citizens advice bureau offered a weekly drop in session.
- The practice had recently started to take part in a pilot project to offer an e-consult option where patients can request a consultation by secure email via the practice website. All requests via e-consult were dealt with on the day or the following day if the request was received overnight.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available from Monday to Friday 8am to 10.40am and 3.30pm to 5.50pm.

Extended hours appointments were offered on Friday mornings from 7.20am to 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also shared bank holiday opening with other practices in the local area.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice leaflet and website guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received since March 2016 and these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. Meeting minutes we looked at demonstrated that learning was shared and where required action was taken to improve safety in the practice.

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 provide primary health care to patients. We spoke with five members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. The practice had a documented business plan in place and plans for future improvements of the premises. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and on the practice intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- A comprehensive understanding of the performance of the practice was maintained. The practice manager regularly reviewed how the practice was progressing through QOF indicators and other quality monitoring programmes. The latest published QOF results of 2015/16 showed the practice had achieved 98%.
- There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

Leadership and culture

On the day of inspection the provider told us they prioritised safe, high quality and compassionate care. The practice manager was a strong leader and had the overall responsibility of running the practice and received support from the GP partners. Staff told us the practice manager was approachable and listened to all members of the staff.

The GP partners and practice manager formed the senior management team at the practice. The management team encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the practice manager.

During the past 12 months the practice had experienced significant staff changes, with staff retiring and leaving the practice. A new nursing team and practice manager were now in place. Staff told us that the new practice manager and GPs had handled the nursing staff shortages efficiently and with minimal disruption to patients and felt well supported by the new manager.

The practice held regular meetings; these included monthly meetings for the GP partners to discuss significant events and complaints and multidisciplinary (MDT) meetings every three months. Departmental staff meetings were also held regularly to discuss any issues and review complaints and significant events. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

The provider was aware of and had 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The PPG consisted of ten members who met every six weeks. We spoke with four members of the group as part of our inspection, who told us that the practice was proactive in acting on their suggestions. For example:

- The PPG had requested a large dial clock for patients who had sight difficulties to be situated within the waiting room. This had been actioned and was now in place.
- A display noticeboard was requested by the PPG to be used to promote health awareness and encourage patients to attend events and access organisations that could help them improve their health and lifestyle. At the time of inspection, the PPG had a detailed display about stop smoking services and local support available.
- The PPG initiated the text messaging service through discussions with the practice concerning patients who did not attend appointments. The practice has seen an increase in up to date contact details being added to patient records.
- Results from the national GP patient survey had rated the practice as one of the top ten within the West Midlands and within the top 5% nationally.

Staff feedback was gained through staff meetings and appraisals. Staff appraisals were completed regularly and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager and GPs were very supportive.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in initiatives to improve outcomes for patients, for example the practice actively took part in research programmes to improve patient outcomes including women's health initiative study and encouraged patients and the local community to attend health education events.

The practice was constantly reviewing access for patients and had commenced a pilot project for e-consultations for patients who were unable to attend the surgery during opening hours. The provider also joined with other local practices to offer appointments during bank holidays to patients within the local area.

The practice has submitted a joint bid with the other GP practice in the medical centre for funding of an extension to the building to offer a full minor surgery suite and increase the number of rooms to enable more services and consultations to be available for patients.