

The Dow Surgery

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 The Dow Surgery on 11 May 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice carried out an annual significant event audit to ensure learning from significant events.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs were leads in different areas and had weekly meetings to discuss concerns and share learning.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The practice were trying to work more closely with the virtual Patient Participation Group (PPG). Unfortunately we were not able to meet with any members of the PPG on the day of the inspection.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and well managed on the whole. We did however find that some risk assessments such as fire safety had not been carried out.
- Patients described staff as efficient, respectful and caring. Patients commented that they were treated with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

Summary of findings

The provider should:

- Undertake a fire safety risk assessment and fire drills at the recommended intervals.
- Ensure that recruitment processes and legal requirements are followed before staff are employed to work at the practice.

- Consider improving the system of appraisal for staff.

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 requires improvement for providing safe services.

Most risks to patients were assessed and well managed but at the time of the inspection the practice had not carried out fire risk assessments and had not carried out any fire drills in the last 12 months.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes.

Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Good



Are services effective?

The practice is rated good for providing effective services.

National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice achieved 98% of the total number of points available, with 9.4% exception reporting. The practice QOF scores were 1% above the Clinical Commissioning Group (CCG) average and 3% above the national average.

Staff had received training appropriate to their roles and the practice believed in developing and training their staff. We did, however, find that non-clinical staff had not had appraisals.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care. For example: 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

Good



Summary of findings

Patients we spoke with during the inspection told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

For those patients who did not speak English as a first language, interpreting services were available.

Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

The practice maintained a register of carers so that they could offer support when needed such as social services, Age UK and social prescribing.

During the inspection we did note some negative comments about the attitude of reception staff in CQC comment cards and from patients we spoke with. We highlighted this feedback to the practice management team and partners at the time of the inspection. They were going to arrange some customer service training for front line staff.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The practice responded to the needs of its local population and engaged well with Redditch and Bromsgrove Clinical Commissioning Group (CCG).

The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were broadly in line. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 67% of patients said they could get through easily to the practice by telephone compared to the CCG average of 78% and national average of 73%.

In response to this feedback, the practice had employed another member of staff to answer calls from patients.

Good



Summary of findings

Are services well-led?

The practice is rated good for being well-led.

It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff told us there was an open culture and they were happy to raise issues at practice meetings. The partners were visible in the practice and staff told us they would take the time to listen to them. Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. We saw that there was good morale at the practice.

The practice had a virtual Patient Participation Group (PPG) but this was not very active. A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and quality of care. None of the members were able to meet with us on the day of the inspection.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and made sure this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services for example unplanned admissions. The GPs met on a weekly basis and unplanned admissions were discussed. Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.

The practice looked after patients in two care homes. Following the inspection we contacted the care homes and received positive feedback about the care delivered by the GPs at the practice. The practice offered home visits to patients who required this and patients who were housebound.

Good



People with long term conditions

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

Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had lead clinicians for Chronic Obstructive Pulmonary Disease (COPD) (the name given to a group of lung diseases), asthma and diabetes and ran regular clinics. The practice monitored their clinics regularly and had a well organised recall system which enabled them to monitor when patients either cancelled appointments or did not attend appointments so that these patients were recalled. Patients who cancelled or failed to attend appointments were automatically sent another appointment. Any patient who did not attend three appointments would be referred to a clinician for further action.

The practice carried out a lot of work in respect of diabetes prevention and discussed lifestyle issues with patients. The practice referred patients to the Xpert system (a knowledge based system) for advice and understanding of their diabetes.

A daily phlebotomy (blood-taking) service was provided.

All patients with a long-term condition 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.

Good



Summary of findings

Families, children and young people

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

There were systems in place to follow up on children the practice was concerned about, for example children who did not attend for appointments. Computerised alerts had been put in the notes of those patients where there were safeguarding concerns.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages.

For example: the vaccinations given to under two year olds ranged from 83% to 99% compared to the CCG average of 82% to 99% and for five year olds from 93% to 98% compared to the CCG average of 94% to 98%.

The practice provided comprehensive sexual health services. Every Monday the practice ran a family planning drop in clinic for patients.

Appointments were available outside of school hours with GPs and nurses and the premises were suitable for children and babies. Same day appointments were always provided for children aged five and under if a parent or guardian was worried.

Antenatal and postnatal checks were carried out in the practice. The practice had baby changing facilities.

Good



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) and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice offered a service where prescriptions could be delivered straight to the pharmacy so patients could collect medicines directly from the pharmacist. The practice also offered online repeat prescriptions and online access to appointments.

The practice offered extended hours for GP and nursing appointments on Wednesday morning from 7.30am and one evening a week up to 8.10pm. The practice also opened once a month for Saturday clinics. Appointments were available Monday to Friday from 8.30am to 6.30pm.

Telephone advice was available each day from a GP or nurse. Telephone advice was also available from a pharmacist once a week.

Good



Summary of findings

The practice's uptake for the cervical screening in the last 5 years was 82% which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

People whose circumstances may make them vulnerable

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

All patients with a learning disability were offered an annual health check and longer appointments were allocated. At the time of the inspection the practice had 38 patients on the learning disability register and all of them had attended an annual health check in the last 12 months.

Carers were also offered an annual health check and they were offered carer support intervention if appropriate. 2% of the practice list were registered as carers.

Home visits were provided to elderly, disabled and housebound patients. Patients whose first language was not English were supported by involving interpreters.

The practice adopted the gold standards framework for palliative care and management of safeguarding issues. The practice had palliative care meetings every six weeks. District nurses, Macmillan nurses and social services were invited to these meetings. GPs regularly attended Child Protection Case Conferences.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice proactively screened patients for dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% which was just below the CCG average and national average of 84%.

Longer appointments were available for patients with poor mental health. There were alerts on patients' records where it was known

Good



Summary of findings

extra time would be needed. All staff at the practice had completed the dementia awareness training. Patients on the mental health register and those with dementia had comprehensive care plans and received annual health checks.

Patients with mental health conditions were kept on a register so that the practice could ensure that they had regular appointments and try to avoid unplanned admissions.

The practice promoted a counselling service which patients told us they found helpful.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was in line with and sometimes lower than local and national averages. There were 136 responses which represented a response rate of 50%.

- 67% of patients found it easy to get through to this practice by telephone compared to a CCG average of 78% and a national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 75% and national average of 76%.
- 86% of patients described the overall experience of their GP practice as fairly good or very good compared to a CCG average of 87% and national average of 85%.
- 81% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 81% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, most of which were very positive about the standard of care received. Patients described staff as efficient, respectful and caring and the standard of care they had received as high. However we did receive negative comments about the attitude of some reception staff.

We spoke with 10 patients during the inspection. Most patients we spoke with were extremely happy with the care they received. They were complimentary about the clinical staff, describing them as helpful, understanding and felt that they were treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. Patients were aware that they could choose to see a specific GP if they required. The practice received positive comments through the NHS Friends and Family Test. Some of the patients we spoke with on the day of the inspection were unhappy about the attitude of some reception staff.

Areas for improvement

Action the service SHOULD take to improve

- Undertake a fire safety risk assessment and fire drills at the recommended intervals.
- Ensure that recruitment processes and legal requirements are followed before staff are employed to work at the practice.
- Consider improving the system of appraisal for staff.

The Dow Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

Background to The Dow Surgery

The Dow Surgery is situated in Redditch town centre. The practice has a list size of 11,500 patients.

The practice has six GP partners and two salaried GPs (a mixture of male and female offering patients their preferred choice). The practice has six practice nurses, a healthcare assistant (HCA) and a phlebotomist (person who takes blood).

The clinical team are supported by a practice manager, a deputy practice manager and a team of reception and administrative staff. A pharmacist also attends the practice on a weekly basis to offer advice to patients. The practice also has an in-house counsellor. The practice carries out minor surgery such as removal of skin lesions.

The practice has a virtual Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

The Dow Surgery is a training practice providing up to two GP training places. 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 is also a teaching practice and provides placements for medical students who have not yet qualified as doctors.

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open from 8am to 6.30 pm Monday to Friday. Appointments are available between 8.30am and 6.30pm. The practice does offer extended hours on Wednesday morning from 7.30am and one evening a week up to 8.10pm. The practice opens once a month for a Saturday morning clinic.

The practice does not provide out of hours services beyond these hours. Information for out of hours GP services is provided for patients at the practice, on the website and on the out of hours' answerphone message. This service is provided by Care UK.

Why we carried out this inspection

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

Detailed findings

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. CCGs are groups 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.

We carried out an announced inspection on 11 May 2016. We sent CQC comment cards to the practice before the inspection and received 31 completed cards with information about those patients' views of the practice.

During the inspection we spoke with 10 patients and a total of nine members of staff including the practice manager, GPs and one of the practice nurses.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice prioritised safety and reported and recorded significant events. During the inspection we saw that within the last year 12 significant events had been reported. Staff used incident forms on the practice's computer system and completed the forms for the attention of the practice manager. Incidents were discussed at practice meetings and were a rolling item on the agenda. Memos were circulated to all members of staff after the meeting to ensure that if any member of the team did not attend they could still keep up to date.

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). The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example, as a result of a delay in responding to an abnormal blood test result which came in out of hours there was a change of practice to the way out of hours' correspondence was dealt with. The practice shared another example of changes being made to the process for giving vaccinations to children with rare conditions to prevent recurrence following an incident.

Patient Safety Alerts were sent to the practice manager and the deputy practice manager in their absence who distributed these to the other GPs, the practice nurses and the pharmacist. We saw evidence that an alert about a particular medicine was circulated to all members of staff in March 2016.

Overview of safety systems and processes

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

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the partners was the safeguarding lead for vulnerable adults and one of the partners was the safeguarding lead for children for the practice. We looked at training

records which showed that all staff had received relevant role specific training on safeguarding between September 2015 and May 2016. The GPs had received level 3 safeguarding training. Safeguarding was on the agenda at each monthly practice meeting and we saw minutes of these. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were available in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns appropriately about the safety of a vulnerable child and vulnerable adult.

- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice had asked the Clinical Commissioning Group (CCG) infection control lead to review infection control in the practice and had implemented changes following this review. For example a different cleaning company was appointed and risk assessments were carried out to ensure that floor areas were kept as clutter free as possible. New flooring was put in the minor surgery suite.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment, for example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All HR policies within the practice were kept in an employment handbook which was accessible to all staff.
- The practice was a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. The practice was also a teaching practice and provided placements for medical students who had not yet qualified as doctors.

Are services safe?

- The practice had a policy and procedures for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when patients' medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. We saw evidence that the practice monitored patients on high risk medicines appropriately. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.
- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment and items such as weighing scales and refrigerators. We saw evidence of calibration of equipment used by staff (this had been done in May 2015). Portable electric appliances were routinely checked and tested. This was last done in July 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For the GPs and practice nurses a buddy system was in place.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had been given to all staff between June 2015 and May 2016. The fire procedure was contained in the staff handbook which was accessible to all members of staff and the fire alarms were checked frequently. The practice manager was a trained fire marshal. The practice had not carried out a fire drill in the last 12 months and there had been no formal fire risk assessment. The practice manager was going to address this following the inspection. A legionella risk assessment was carried out in May 2016. Legionella is a term for a particular bacteria which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was an oxygen cylinder and emergency medicines available to staff which were stored securely. All staff knew of the location. The expiry dates and stock levels of the medicines were being checked and recorded weekly by the nursing team. No medicines were stored in the GPs' bags.

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and a copy of this was kept off site with one of the GPs and a copy with the practice manager. This contained contact details of all members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurse we met with during the inspection were able to give a clear rationale for their approaches to treatment. Weekly meetings took place which all the GPs attended and nurse meetings took place on a monthly basis. We saw evidence of robust care plans for patients. We found that good care was given to patients on home visits and patients who were housebound had alerts on the system so that they could be cared for appropriately. Our discussions with the GPs and nurse showed that they were using the latest clinical guidance such as those from National Institute of Health and Care Excellence (NICE).

The practice supported the nurses with regular nursing journals to help them to keep up to date. The practice nurses attended regular study days and routinely attended the annual practice nurse study day. The practice nurses also attended the quarterly practice nurse forum run by Redditch and Bromsgrove Clinical Commissioning Group (CCG).

The GPs were leads in different areas and had regular meetings to discuss concerns and share learning.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, with 9% exception reporting. The practice QOF scores were 1% above the CCG average and 3% above the national average. The exception reporting was 2% above the CCG average and the same as the national average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators.

Data from 2014/15 showed;

- The percentage of patients with diabetes on the register, in whom the last blood sugar reading was at an

acceptable level was 84% compared with the CCG average of 77% and the national average of 78%. The exception reporting was 12.4% compared with the CCG average of 8% and national average of 10.8%.

- The percentage of patients with hypertension having regular blood pressure tests was 79% which was just below the CCG and national average of 84%. The exception reporting was 4.4% compared with the CCG average of 2.5% and national average of 3.8%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% which is comparable to the CCG average of 90% and national average of 88%. The exception reporting was 5.3% compared with the CCG average of 7.1% and national average of 11.1%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% which was below the CCG average and national average of 84%. The exception reporting was 7% which was the same as the CCG average and just below the national average of 8%.

In order to improve this further the practice had introduced a better recall system in the past year so that patients who did not attend for review were reminded by telephone.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been 20 clinical audits undertaken in the last two years against NICE guidelines which demonstrated good outcomes for patients.

One of the audits reviewed the minor surgery carried out in the last year to ensure that consent was recorded appropriately and reviewed any post-operative complications. All audits demonstrated the practice was meeting agreed standards.

One of the GP partners at the practice had a special interest in dermatology (skin conditions). The GP used a dermatoscope (a hand held device which uses light) to review skin lesions. The GP developed a protocol for referrals for skin lesions.

This GP was able to examine skin lesions using a dermatoscope and had developed a protocol to enable him to give a second opinion on suspicious skin lesions

Are services effective?

(for example, treatment is effective)

from other doctors at the practice. This meant that very few patients needed referral to a hospital skin specialist. In a recent audit of this service, out of 50 patients referred for a second opinion in one year, only four patients were referred to hospital who received appropriate treatment (one of these had skin cancer). The other 46 patients were reassured and did not need hospital referral.

Effective staffing

We found that the GPs valued the importance of education and effective skill mix. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff felt that the GPs and practice managers had been supportive of their training needs.

The learning needs of staff were identified through a system of meetings. All staff received a full induction on their first day of employment. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training. Further training needs were identified on an individual basis.

All new staff had an induction programme with training modules such as safeguarding, information management and infection control. Although we found that all the GPs and practice nurses had annual appraisals the non-clinical staff did not have this opportunity. Some members of the non-clinical team we spoke with had never had an appraisal and some had not had an appraisal for a number of years. They could have raised training needs with the practice manager when required. The non-clinical members of staff did say that they had support from the practice management team and there was an open-door policy.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example the practice nurses had regular updates for ear care, sexual health and cytology.

Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X-rays were requested and the results were received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP or nurse called patients within 24 hours of discharge for those patients on the unplanned admissions register and then arranged to see them as required. We saw evidence that palliative care meetings took place on a six weekly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

We saw good examples of consent forms used for minor surgery such as cryotherapy (used to treat warts with low temperatures).

Supporting patients to live healthier lives

Health promotion information was available in the waiting area of the practice. Patients who might be in need of extra support were identified by the practice such as those needing end of life care, carers and those at risk of developing a long-term condition.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.

Are services effective?

(for example, treatment is effective)

The practice also carried out NHS health checks for patients aged 40-74 years. In the last year the practice had carried out 167 NHS health checks.

The practice offered screening for breast cancer and bowel cancer. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 76% which was the same as the CCG average and above the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months

was 55% which was slightly below the CCG average of 60% and national average of 58%

Flu clinics were advertised on the practice website and in the practice waiting area.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example:

- For the vaccinations given to under two year olds ranged from 83% to 99% compared with the CCG average of 82% to 99%
- For five year olds from 93% to 98% compared with the CCG average of 94% to 98%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that members of staff were professional and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect. Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff shared an example of a patient who was embarrassed and wanted to talk in private about a sensitive issue.

Most of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Many of these commented on the kindness of the GPs and nurses. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients described clinical staff as efficient, respectful and caring and the standard of care they had received as high.

We spoke with 10 patients during the inspection. Most patients we spoke with were extremely happy with the care they received. They were complimentary about the clinical staff, describing them as helpful, understanding and felt that they were treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options.

We did note negative comments about the attitude of reception staff in CQC comment cards. We also heard similar feedback from some of the patients we spoke with on the day of the inspection. We passed these comments and feedback on to the practice. Results from the National GP Patient Survey published in January 2016 which showed that 76% of patients said they found the receptionists at the practice helpful which was below the CCG average of 88% and national average of 87%.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with and sometimes above local and national average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% of patients said the GP gave them enough time which was above the CCG average of 88% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw which was above the CCG average of 98% and national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 88% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with and sometimes just below local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

Are services caring?

- 83% of patients said the last GP they saw was good at involving them in decisions about their care which was above the CCG average of 82% and national average of 81%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care which was just below the CCG average of 86% and national average of 85%.

Staff told us that interpreting services were available for patients who did not have English as a first language. One of the GP partners was able to speak a number of different languages and helped with interpreting for patients when required. If a patient did not have English as a first language then practice staff would print off information from Patient UK using the translation tab so that it was available in their own language. A hearing loop was available and staff were currently awaiting deaf awareness training. This had been booked. Easy read leaflets were available for patients with learning disabilities.

We spoke with the care home managers of two local care homes both of whom were extremely happy with the care provided by the practice. They described the GPs as friendly, professional and responsive. Both care home

managers explained that one of the GP partners did a weekly care round but if there was a problem outside of this they would ring up and one of the GPs would always visit on the same day.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room sign posted patients to a number of support groups and organisations. There was an in house counselling service available.

The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. 2% of the practice patient list were identified as carers. All the carers were given a yellow card so that they could receive appropriate support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area. The CCG informed us that the practice engaged well with them.

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

- There were longer appointments available for patients with a learning disability. All patients on the learning disability register were offered an annual health check. At the time of the inspection the practice had 38 patients on the learning disability register and all of them had been for their annual health check in the last 12 months.
- The GPs and nurses triaged all emergencies on a rotational basis daily. Telephone consultations were available with GPs Monday to Friday.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children if a parent/carer was concerned and those patients with medical problems that required same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a register for unplanned admissions and care plans were in place for each of these patients.
- The GPs at the practice met regularly to discuss diabetes, Chronic Obstructive Pulmonary Disease (COPD) (lung disease) and asthma. Longer appointments were given to patients with multiple health conditions.
- Phlebotomy (blood taking service) was offered at the practice which avoided the need for patients to go to the local hospital.
- The practice offered a service where prescriptions could be delivered straight to the pharmacist so the patient could collect medicines directly from the pharmacist.
- The practice offered online repeat prescription requesting which benefited those patients with time restrictions.
- A pharmacist visited the practice weekly and carried out medicine reviews as well as answering patients' queries.
- Antenatal and postnatal checks were carried out in the practice.
- The practice worked with counsellors who offered advice and information for patients who were suffering from mental health issues.
- There was awareness amongst the GPs and practice nurses of local issues and needs. One of the practice nurses felt it would be beneficial for patients to have a drop in clinic once a week to discuss family planning issues. The practice nurse introduced the idea to the GPs and the clinic now ran every Monday with up to 15 women attending per session.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered extended hours on a Wednesday from 7.30am and one day a week until 8.10pm. Appointments were available during these times.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or below local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 67% of patients said they could get through easily to the practice by telephone compared to the CCG average of 78% and national average of 73%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 54% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 55% and national average of 58%.

In response to this feedback the practice had employed another member of staff to answer calls from patients.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at eight formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We saw evidence that complaints were discussed at meetings and lessons were learned from these. We noted that one of the complaints offered the patient further explanations as to why certain clinical decisions had been made. We saw that the practice offered meetings with patients when complaints were raised so that they could be resolved face to face when this was considered appropriate.

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 aim of the practice team was to deliver high quality care in a safe and effective way. The practice had a strong focus on education.

The practice had a firm vision and the GP partners worked closely with the practice management team to ensure patient centred care was delivered.

The main challenge for the practice was to improve access and they had taken action to do so such as implementing telephone triage, putting in additional GP time and introducing telephone consultations with both GPs and nurses.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity.

- There were named GPs and nurses in lead roles.
- There were robust arrangements for identifying, recording and managing risk.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF was regularly discussed at GP weekly meetings.
- The GPs at the practice attended regular zoning meetings with the Clinical Commissioning Group (CCG) Leads to review data.
- The practice held weekly GP meetings and monthly GP and Practice Nurse meetings. We saw evidence of action points raised and follow ups as a result of these meetings.

Leadership, openness and transparency

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

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). The practice shared an example of their open culture by explaining about a member of staff they had to dismiss due to breach of confidentiality. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, information and a verbal and written apology.

We saw evidence that clinical staff had annual appraisals and were encouraged to develop their skills. The practice manager confirmed that they were behind with non-clinical staff appraisals but were going to start doing these again shortly. The practice had recently implemented a new management structure by hiring a deputy practice manager to help with some of these duties.

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was a virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Unfortunately the PPG were not very active and no members were able to meet with us on the day of the inspection. The practice manager had been trying to encourage more patients to join the PPG by advertising this on the website and waiting area.

The practice had gathered feedback from staff through staff away days and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

One of the practice nurses felt it would be beneficial for patients to have a drop in clinic once a week to discuss family planning issues. The practice nurse introduced the idea to the GPs and the clinic now ran every Monday with up to 15 women attending per session