

# The Castle Practice

## Quality Report

2 Hawthorne Road, Castle Bromwich  
Birmingham B36 0HH  
Tel: 0121 747 2422  
Website: [www.thecastlepractice.nhs.uk](http://www.thecastlepractice.nhs.uk)

Date of inspection visit: 13 April 2016  
Date of publication: 23/06/2016

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Castle Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Castle Practice on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and had effective procedures in place to ensure care and treatment was delivered in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise safety concerns and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- 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.
- Some staff had not received updates on mandatory training, but were aware of the procedures to follow.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a system in place to identify carers, but the numbers on the register were low due to the practice not coding the information on the medical records.
- 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 provider was aware of and complied with the requirements of the Duty of Candor. The practice encouraged a culture of openness and honesty.

The areas where the provider should make improvement are:

# Summary of findings

- Effectively code all patients identified as carers.
- Continue to monitor and improve access to the practice.
- Review telephone access as results from the January GP patient survey showed 44% of patients said they could get through easily to the practice by phone (CCG average of 68%, national average of 73%).

**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?

- There was an effective system in place for reporting and recording significant events and incidents and lessons were shared with staff to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some staff still required an update of their training, but they were aware of the procedures to follow.
- Staff were able to explain how safeguarding concerns were raised and dealt with and gave examples of outcomes.
- Systems were in place to ensure the safe storage of vaccinations and evidence to demonstrate that checks were undertaken to monitor the vaccines.
- Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained and minor surgical procedures were carried out and the practice had robust and effective infection control procedures in place.
- Risks to patients were assessed and well managed and there were enough staff to keep patients safe.

Good



### Are services effective?

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- The practice provided enhanced services which included immunisations and advanced care planning. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance.
- The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- The practice was proactive in encouraging staff to develop their knowledge and skills, for example one of the practice nurses had recently completed the advanced nurse practitioner course.
- Staff worked with multi-disciplinary teams in managing the needs of patients with long term conditions and complex needs and offered regular reviews of these patients.
- The practice offered a warfarin service for their patients, this included blood tests and reviews of their medication.

## Are services caring?

- Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than the local and national average 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 practice offered flexible appointment times based on individual needs and we saw evidence of how the practice had responded to the needs of vulnerable patients with compassion and empathy.
- 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.

Good



## Are services responsive to people's needs?

- Practice staff 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. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take review and commission local health services.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided an anti-coagulation service and patients could have their blood tests, medication dosage checks and reviews completed at the practice.

Good



# Summary of findings

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

## Are services well-led?

- 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 this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular meetings with the practice team.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The PPG was promoted in the waiting room and invited patients to join. Staff had received inductions and had regular performance reviews.
- There was a strong focus on continuous learning and improvement and the practice worked closely with the local Clinical Commissioning Group.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and care planning to avoid hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Patients over 75 years of age were offered an annual face to face review with a GP and all patients had a named GP.
- The practice worked closely with multi-disciplinary teams so patients conditions could be safely managed in the community.
- The practice reserved an appointment slot every morning for patients who were on the hospital admission avoidance list so they could access a GP immediately.

Good



### People with long term conditions

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

- The practice ran an anti-coagulation clinic service for their patients and also carried out DMARD monitoring for patients on methotrexate and other associated medicines. (DMARD monitoring involves a series of tests to check patients for adverse effects).
- Longer appointments and home visits were available when needed.
- 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.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care and the practice had a separate telephone line so that patients could access the practice urgently.

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 identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86% which was higher than the national average of 82%.
- The practice offered a full range of family planning services, including implants.
- The practice used a rapid access system for patients who required to see a doctor the same day. Appointments were available outside of school hours.
- The premises were suitable for children and babies.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.
- We saw positive examples of joint working with midwives and health visitors and the midwife held an ante natal clinic twice weekly at the practice.

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).

- 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 on line services such as appointment booking and repeat prescriptions services, later evening appointments and telephone consultations were also available.
- A full range of health promotion and screening that reflected the needs for this age group was also available.

Good





# Summary of findings

- 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 provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The health care assistant offered a stop smoking service with support from an external provider and the Citizens Advice Bureau held a weekly service at the practice to offer advice and support.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- We saw that there were 50 patients on the learning disability register, 64% (32 patients) of these patients had received an annual health check and the practice was encouraging the other patients to attend their health reviews.
- The practice offered longer appointments for patients with a learning disability and worked with other health care professionals in the case management of vulnerable patients.
- The practice held a register of carers and had 73 carers registered, which represented 0.6% of the practice list. This number was considered low in proportion to the number of patients at the practice, on further investigation we found that carers were being identified by the practice, but the information was not being recorded in the patient's records effectively.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients how to access various support groups and voluntary organisations and there was a system in place to identify patients who required additional support and extra time during appointments.
- All staff had received safeguarding training, and knew how to recognise signs of abuse in vulnerable adults and children and the procedures to follow. 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



# Summary of findings

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

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

- There were 96 patients on the dementia register and 89% (85 patients) had had their care reviewed in a face to face meeting in the last 12 months
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact. We saw that there were 82 patients on the mental health register and 94% (77 patients) had had care plans agreed.
- Patients experiencing poor mental health were signposted to various support groups and voluntary organisations and the community psychiatric nurse held twice weekly clinics at the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia and one of the GPs had completed training to prescribe specific medicines used in mental health to support patients in the community.
- The practice had access to psychological support through Solihull Healthy Minds (IAPT) and regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages in most areas. 290 survey forms were distributed and 123 were returned. This represented 42% return rate and approx. 1% of the total patient population.

- 85% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% of patients described the overall experience of this GP practice as good (CCG average 83%, national average of 85%).
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 75%, national average of 78%).

Results were low in comparison to the CCG and England average in the following:

- 44% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.

The practice had identified that there was an issue with the telephones and had introduced a new phone system to improve patients' access to the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received, however three patients commented on the difficulty of booking appointments by telephone.

On the day of the inspection we spoke with three patients including one member of the patient

participation group (PPG). (PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service). All of the patients told us that they were involved in their care and staff took time to explain their treatment. The practice encouraged patients to complete the Family & Friends questionnaire. In total ten forms were completed. The result was 90% of patients said they were "extremely likely" or "likely" to recommend the practice to others.

## Areas for improvement

### Action the service SHOULD take to improve

- Effectively code all patients identified as carers.
- Continue to monitor and improve access to the practice.
- Review telephone access as results from the January GP patient survey showed 44% of patients said they could get through easily to the practice by phone (CCG average of 68%, national average of 73%).

# The Castle Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Castle Practice

The Castle Practice was originally founded by the grandfather of one of the current GPs in 1930. The practice is situated in a purpose built building which is shared with a pharmacy. The practice provides primary medical services to approximately 12, 000 patients in the local community. The practice has a General Medical Services contract (GMS) with NHS England. (A GMS contract is a nationally agreed contract which ensures practices provide essential services for people who are sick and including chronic disease management and end of life care. The practice also provides some directed enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients and a full range of family planning services.

There are seven GP partners; (four male, three female) and one salaried GP (male or female?). The practice is a teaching practice for the University of Birmingham Medical School and at the time of the inspection had one GP trainee. The nursing team consists of four nurses; one who is a nurse practitioner, and three health care assistants. The non-clinical team consists of a practice manager, administrative and reception staff.

The practice serves a higher than average population of children. The area served has higher deprivation compared to England as a whole and ranked as three out of ten, (with ten being the least deprived). Over the last ten years the practice has seen an increase in patients from 8, 500 to nearly 12, 000 patients due to changes in services within the local community.

The practice is open to patients between 8.15am and 7pm Mondays to Thursdays and Fridays 8.15am to 6.30pm. Emergency appointments are available daily. Every weekday morning the practice offers a rapid access clinic, for patients who need to be seen urgently. Telephone consultations are also available along with home visits for patients who are unable to attend the surgery. The out of hours service is provided by Badger Out of Hours Service and NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238, 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 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

## 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 8 October 2015. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurse and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for and talked with patients.
- 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

There was an effective system in place for reporting and recording significant events.

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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Incidents were discussed at weekly GP clinical meetings and with the staff at quarterly practice meetings. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

During the inspection we reviewed two significant events from the last 12 months and minutes of meetings where these were discussed and saw evidence of action being taken. For example, appropriate action and learning following sharp boxes being put into the wrong collection bin.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again. For example, following a medication error, the incident was reported and an investigation was carried out. The patient was contacted and the error was discussed at a practice meeting to identify learning outcomes.

### 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. Staff demonstrated they understood their responsibilities and GPs were trained to the appropriate level for child safeguarding.

- All clinical rooms displayed a notice that advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and viewed cleaning schedules which listed frequency of cleaning and a breakdown of cleaning required. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place.. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit was completed in February 2016 and the practice achieved 99%.
- 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). Processes were in place for handling repeat prescriptions which included the review and monitoring of patients on high risk medicines for example, lithium. 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. We saw evidence of how the practice had improved on their prescribing of antibiotics. Prescription stationery was securely stored and there were systems in place to monitor their use. One of the nurses was a qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions and another of the practice nurses had successfully completed the prescribing course. Both nurses received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to

## Are services safe?

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.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

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 a health and safety risk assessment had been completed in March 2016. Fire alarms were checked on a weekly basis, fire exits were clearly marked and fire safety training was carried out with all of the practice team on an annual basis. Fire equipment was checked by an external contractor annually and the last fire risk assessment and fire drills had been carried out in March 2016.
- 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in March 2016.

- 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.

### 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 instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice, all staff were aware of their location. All the medicines we checked were in date and stored securely.
- 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 for staff.

# 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 were 93.6% of the total number of points available, with 8.1% exception reporting. (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 2014/2015 showed:

- Performance for diabetes related indicators was (66.94%) which was lower than the national average (77.54%)
- Performance for mental health indicator was (90%); this was lower than the national average (92.8%).
- Performance for dementia indicator was (90%) this was higher than the national average (84.01%)

For diabetes and mental health indicators the practice was working towards improving these outcomes and we saw evidence of audits, meetings and GP clinical development that had taken place. The practice had 699 patients; (approx 6% of the total patient list size) on their diabetic register and they had vaccinated 99.8% of the patients with the influenza vaccination.

The practice had high exception reporting rates in some of the following clinical domains:

- Atrial Fibrillation; the practice had 190 patients on the register (1.6% of the total patient list size). Exception reporting rate was 19.8% which was higher than the CCG average of 11.8% and the national average of 11%. The practice identified patients based on clinical risk and appropriate scores. The practice had lead GPs in this clinical area and this was reviewed regularly.
- Osteoporosis; the practice had 3 patients on the register. Exception reporting rate was 33% (CCG average 9%, national average 12.5%), The practice had exception reported on one patient who had not received an assessment due to being frail, elderly and housebound.

The practice worked closely with the practice pharmacists to ensure appropriate prescribing and with the nurse prescribers to review and monitor patients with long term conditions. The practice had completed 11 audits in total in the past 12 months and three of these were related to medicines.

- The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis.
- Clinical audits demonstrated quality improvements and we saw evidence where changes had been implemented and monitored. The practice participated in local audits, national benchmarking, peer review and research. Findings were used by the practice to improve services. For example, one audit reviewed patients who were receiving hormone replacement therapy. The audit identified four patients who required review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the practice nurses had successfully completed the nurse practitioner course.



# Are services effective?

## (for example, treatment is effective)

- 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.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs.. This included on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All staff had 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, however we did find that some non clinical staff required updates in some of their mandatory training, for example safeguarding, but they were aware of the procedures to follow and who to contact if they had a safeguarding concern.

### 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.

- 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. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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. Patients were signposted to the relevant service.
- One of the GPs provided drug and alcohol counselling and the practice referred patients to SIAS (Solihull Integrated Addiction Service) when appropriate.

The practice's uptake for the cervical screening programme was 85.7%, which was higher than the national average of 81.8%. 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening, for example:

- 79.4% of female patients aged from 50 to 70 years of age had been screened for breast cancer during the last 36 months. This was higher than the CCG average of 74.2% and England average of 72.2%.
- 65.1% of patients aged 60 years to 69 years had been screened for bowel cancer in the last 30 months. (CCG average 60.2%, national average 58.3%).

## Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.8% to 99.4% and five year olds from 93.9% to 99.2%.

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.

# 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.

- Curtains 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the Care Quality Commission seven comment cards we received were positive about the care they received. Patients said they felt the practice offered an excellent service; staff were helpful and treated them with dignity and respect

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 92% of patients said they found the receptionists at the practice helpful (CCG average of 86% and the national average of 87%)

### 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 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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

The practice provided facilities to help patients be involved in decisions about their care and staff told us that translation services were available for patients who did not have English as a first language and a hearing loop was available for patients who had difficulty hearing.

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

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. The practice had identified 73 patients as carers, 0.6% of the practice list. On interviewing the GPs concerning the low numbers on the register, we saw evidence that the practice was identifying carers and

## Are services caring?

putting the information onto the medical records, but not in a format that the practice system would calculate the number of registered carers accurately. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GPs would visit the relatives/carers to offer support and advice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had analysed the latest patient survey results from January 2016. At the time of our inspection, we saw evidence of improvements that had been made. For example, data showed lower results for access of appointments via the telephone. The practice held a meeting to review how this could be improved and had recently installed a new telephone system.

- The practice offered extended hours Monday to Thursday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 and patients on the admission avoidance list.
- The practice offered a rapid access clinic every morning for patients who needed to see a GP urgently. The rapid access clinic was a 'one problem' only appointment.
- Patients with serious complex health needs were able to access the practice through a separate telephone line.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, one of the GPs trained in the prescribing of specific medicines used in the treatment of mental health due to the retirement of a psychiatrist within the local area.

### Access to the service

The practice was open between 8.15am and 7.00pm Mondays to Thursdays and 8.15am to 6.30pm Fridays. Appointments were from 8.30am to 11.40 am every morning and 4pm to 6.50pm Mondays to Thursdays and 3.30pm to 6.20pm Friday evenings. Extended hours appointments were offered at the following times 6.30pm to 6.50 pm on Monday to Thursday. In addition to

pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available morning and afternoon for people that needed them.

Results from the national GP patient survey of January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 44% of patients said they could get through easily to the practice by phone (CCG average of 68%, national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them, but did confirm that there had been difficulties in accessing the practice via the telephone. The practice had reviewed this and had installed a separate line for patients with complex needs and a new phone system to try and alleviate the difficulties patients were having.

### 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.
- 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 via the practice website and a poster was displayed in reception.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and a robust complaint register was in place to record complaints and the action taken. Complaints were discussed at staff meetings and lessons learnt were used to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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 and other GPs 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). This included support and training for all staff on communicating with

patients about notifiable safety incidents. 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.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held team meetings every three months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received.
- The practice had gathered feedback from staff through staff meetings, appraisals 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.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the practice. For example, the practice had introduced an on line training system to ensure all staff received the appropriate training and updates and was in the process of reviewing and updating all staff training.