

# Dr Upton & Partners

## Quality Report

Dorridge Surgery  
3 Avenue Road  
Dorridge  
Solihull  
B93 8LH

Tel: 01564776262

Website: [www.dorridgesurgery.co.uk](http://www.dorridgesurgery.co.uk)

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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 Dorridge Surgery on 13 May 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- We observed the premises to be visibly clean and tidy. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Throughout our inspection we noticed a strong theme of positive feedback from staff and patients. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There were consistently high levels of constructive staff engagement. The management team worked closely together to motivate and encourage staff to succeed.
- There was a systematic approach to working with other organisations to improve patient care and outcomes. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were comprehensive records in place to support the practice's arrangements for identifying, recording and managing risks. The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and improvements to patient care and treatment. Staff were actively engaged in activities to monitor and improve quality and patient outcomes.
- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them.

# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice was proactive in identifying and managing significant events. There were robust systems in place to monitor safety. These included systems for reporting incidents, near misses and national patient safety alerts, as well as comments and complaints received from patients.
- We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- The practice had robust arrangements in place to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw records to demonstrate that all staff at the practice had completed training which covered key principles of the Mental Capacity Act.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice offered privacy slips for patients to indicate when they wished to talk in private. Curtains and screens were provided in consulting rooms and there was also an additional screen available to maintain patients' privacy in the event of an emergency.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Results from the national GP patient survey published in January 2016 showed that patients were happy with how they were treated and that this was with compassion, dignity and respect.
- There was a practice register of all people who were carers and 0.4% of the practice list had been identified as carers. To improve this, the practice were working with local support organisations, utilising specific resources and facilitating health promotion events to identify carers. The practice offered flu vaccines and annual reviews for anyone who was a carer. In addition to this, the practice also contacted the carers of their registered patients to offer them flu vaccinations.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Clinical staff also had access to an advice line called Consultant Connect. This enabled them to easily access specialist medical advice from expert consultants based at the local hospital. Staff explained how they had recently avoided 16 admissions to hospital due to effective use of the service.

Good



## Are services well-led?

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

Good



# Summary of findings

- Throughout our inspection we noticed a strong theme of positive feedback from staff and patients. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the practices vision.
- The practice encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- There were comprehensive records in place to support the practices arrangements for identifying, recording and managing risks. There was a systematic approach to working with other organisations to improve patient care and outcomes.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group with representation from a range of population groups including the younger population. The PPG influenced practice development.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- The practice provided care to patients at a number of local nursing and specialist residential homes. The GPs conducted ward round visits to these patients twice a week and the nurses regularly visited patients to carry out diabetes checks and for blood monitoring.

Good



### People with long term conditions

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

- The practice offered a range of clinical services which included care for long term conditions.
- Practice nurses regularly visited patients to carry out diabetes checks and for blood monitoring. Performance for overall diabetes related indicators was 100%, with an exception rate of 0%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- We saw how clinical audit was used to monitor quality and to make improvements for patients with long term conditions. For example, we saw how nurse led audits had made a positive impact to patients with diabetes.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for under two year olds ranged from 90% to 98% compared to the CCG averages which ranged from 94% to 96%. Immunisation rates for five year olds ranged from 93% to 96% compared to the CCG average of 91% to 96%.
- The practice offered urgent access appointments for children. We also noticed how the rooms used for child immunisations contained child friendly pictures of popular cartoon characters; staff explained how families often highlighted how they eased stress during childhood vaccinations.
- The practice explored ways of reaching out to their younger population through a PPG survey project designed to identify the needs of their younger population. We also saw a range of information on display in the practice specifically for young carers

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. The practice offered a range of clinical services which included minor surgery, family planning, in-house Electrocardiograms (ECGs), travel and well person clinics.
- The practice's uptake for the cervical screening programme was 80%, compared to the national average of 81%.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered a 'Commuter's Clinic' on a Tuesday morning at 7am whereby 20 GP and 5 nurse appointments were available for patients. This was popular amongst working patients who could not attend during normal opening hours. The practice also ran a nurse clinic from 6:30pm to 7pm on all weekdays except for Thursdays.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice offered longer appointments for patients with a learning disability. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.
- There was a register which contained 21 patients from vulnerable groups, including patients with drug or alcohol dependency. The data provided by the practice highlighted that 71% of their eligible patients had care plans in place. These patients were regularly reviewed and 80% had received a medication review in a 12 month period.

## 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).

Good



- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. The data provided by the practice highlighted that 72% of their eligible patients had care plans in place. These patients were regularly reviewed and 67% had received a medication review in a 12 month period with ongoing reviews planned.
- The practice also explored ways of offering support to specific patient groups through health promotion and education events by external support groups. For example, a staff talk was given by Dementia Friends to increase staff awareness on diseases

# Summary of findings

such as Alzheimer's and Dementia. Members of the management team explained how the event was well received by staff and we saw practice plans to hold a Dementia Friends event in May 2016 for patients.

- Performance for mental health related indicators was 100%, with an exception rate of 0%. Data provided by the practice highlighted that they had 93 patients on the mental health register. The report also highlighted that 94% of these patients had care plans in place, these patients were regularly reviewed and 87% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

# Summary of findings

## What people who use the service say

The practice received 117 responses from the national GP patient survey published in January 2016, 239 surveys were sent out; this was a response rate of 49%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 93% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 50% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 73%.

- 83% described the overall experience of the practice as good compared to the CCG average of 83% and national average of 85%.
- 83% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with six patients during our inspection including two members of the patient participation group (PPG). Service users completed 37 CQC comment cards. Patients and the comment card gave positive feedback with regards to the service provided

# Dr Upton & Partners

## 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 Dr Upton & Partners

Dr Upton and Partners are based at Dorridge surgery which is a long established practice located in the Dorridge area of Solihull. There are approximately 10980 patients of various ages registered and cared for at the practice. Dorridge surgery is a four partner training practice encompassing foundation year doctors and medical students. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GP partners, four salaried GPs, three practice nurses and a healthcare assistant. The GP partners and practice manager are supported by an operations manager, two medical secretaries, three administrators and a team of 12 receptionists including a senior receptionist.

The practice is open for appointments between 8am and 6:30pm during weekdays. A nurse clinic runs from 6:30pm to 7pm on all weekdays except for Thursdays and there is

also a 'Commuter's Clinic' on a Tuesday morning at 7am. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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

# Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 13 May 2016.

- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns.

- The practice had a system in place for reporting incidents and near misses. The staff we spoke with were knew how to report incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- We reviewed records of 21 significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a medical emergency. Discussions with staff and the significant event record highlighted how the practice acted promptly and appropriately to take remedial action straight away. Improvements included purchasing a resus trolley and a mobile phone was also purchased solely for 999 calls. Additionally, the practice purchased a privacy screen support patient dignity in the event of a medical emergency. The practice also conducted medical emergency mock-up scenarios as part of a coaching session where the incident was reflected on as a team.
- We saw minutes of meetings and records to demonstrate that significant events were discussed with staff during weekly management meetings and learning was also shared with the wider team through highlight of the week communications, during in-house training events and coaching sessions. We also noticed that during conversations with staff, staff members were able to give a number of examples of significant events and incidents that had occurred during the last 12 months. This demonstrated how staff were well informed and learning was well embedded throughout the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies

outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One of the GPs was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings and the practice provided reports where necessary for other agencies

- Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken, alerts were also discussed during weekly meetings and included in highlight of the week updates to ensure non-clinical staff were aware of alerts where relevant. We discussed examples of recent alerts with member's clinical team and we saw how alerts such as an alert on prioritising home visits was effectively disseminated and incorporated in to the practices home visit policy. We also noticed that the practice had a dedicated notice board for recent alerts which were displayed for shared learning in the practice.
- We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- Staff explained that they rarely needed to use locum GPs for provide cover on occasions when the practice GPs were on leave, as usually the GPs could provide cover for one another. However, on the occasions when locums were used this was done through a locum agency and the practice opted for regular locums who were familiar with the practice and patients, for good continuity of care. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the nursing team would usually provide a chaperoning service. Occasionally some members of the reception team would act as chaperones. We saw that disclosure and barring checks were in place for all members of staff, including those who chaperoned.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice.

## Are services safe?

Staff had received up to date infection control training. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result. There was a comprehensive policy in place for needle stick injuries. Staff we spoke with highlighted how the policy was recently improved as a result of a practice learning event whereby a member of the nursing team guided staff on the appropriate steps to follow in the event of a needle stick injury. To improve the policy, the practice expanded on the process and included occupational health contact details and opening times to ensure staff could easily access the required resources in the event of an injury.

- The practice had undergone extensive renovation work to improve their premises as part of a local precinct development project. The success of the renovation work transformed the practice to a modern purpose built premises. The renovation project enabled the practice to incorporate building specifications in line with best practice infection control standards, such as elbow taps in staff room areas as well as all toilets, treatment and consulting rooms. We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation.
- We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was a system in place to track and monitor the use of the prescription pads used for home visits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination

fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also adequate arrangements in place for the destruction of controlled drugs.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patients' and staff safety. We saw records to show that regular fire alarm tests and fire drills had taken place. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.

## Are services safe?

- The practice had resus trolley which included a defibrillator and oxygen with adult and children's masks on the premises. The practice also had two additional sets of emergency equipment and all equipment was regularly checked with records in place to demonstrate this. There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support
- The practice kept stocks of emergency medicines which included mini emergency medicine kits for home visits. Emergency medicines were easily accessible to staff in a secure areas of the practice and all staff knew of their location. The medicines we checked were all in date and records were kept to demonstrate that they were regularly monitored.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers and made reference to a disaster recovery box for staff, staff we spoke with were aware of how to access the plan and the disaster recovery box.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. We also noticed that the practice had a dedicated news board in place to display guidance such as 'NICE bites' in their training room. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

### 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 from 2014/15 were 99% of the total number of points available, with 8% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. Data provided by the practice highlighted that they had 93 patients on the mental health register. The report also highlighted that

94% of these patients had care plans in place, these patients were regularly reviewed and 87% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 139 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 72% of their eligible patients had care plans in place. These patients were regularly reviewed and 67% had received a medication review in a 12 month period with ongoing reviews planned.
- Staff we spoke with highlighted that they had approximately 490 patients with diabetes; this was approximately 4% of the practice's list size. QOF performance for overall diabetes related indicators was 100%, with an exception rate of 0%.

The practice shared records of four clinical audits; these included prescribing audits, audits for prescribing and monitoring of high risk medicines, an audit on minor surgery and a completed audit for the management thyroid stimulating hormone (TSH) monitoring. The TSH audit record highlighted how the GP had identified cases where blood tests had not been performed in line with recommended guidelines; for patients prescribed with specific medicines to treat low thyroid hormone. The first audit was conducted in May 2015 where a total of 399 patient cases were reviewed in line with the recommended audit criteria. Audit findings highlighted that 96 patients (24%) were overdue for a blood test to monitor their TSH levels. These patients were contacted and blood tests were facilitated. The audit was repeated in May 2016 and a total of 410 patient cases were reviewed in line with the recommended audit criteria. Improvements had been made as 330 (81%) had received a blood test and their TSH levels were appropriately recorded. Audit records also highlighted that findings were discussed during a planned clinical meeting.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

# Are services effective?

## (for example, treatment is effective)

Members of the nursing team also shared examples where nurse led audits had made a positive impact to patients. For example, one of the nurses conducted a diabetic audit where all patients with a BMI (body mass index) indicator level of over 35 were invited for a blood test and a follow up diabetic check. The audit identified three cases requiring action including two pre-diabetics which were followed up and treated by the practices diabetic leads.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including diabetes care, minor surgery and chronic disease management.
- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- The practice had supported staff members through a variety of training courses. For example, the practice nurses had completed diplomas in diabetes and one of the nurses was also being supported with further training in order to become a nurse prescriber. Members of the reception and administration team had also been supported in achieving NVQs in customer care and business support. In addition to extended and in-house training, staff made use of e-learning training modules.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated.

### Coordinating patient care and information sharing

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 people moved between services, including when they were referred, or after they

were discharged from hospital. Meetings with a multi-disciplinary team took place on a regular basis with representation from other health and social care services. We saw minutes of meetings to support that joint working took place and that vulnerable patients and patients with complex needs were regularly discussed. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

- The practice had 43 patients on their palliative care register. The data provided by the practice highlighted that 99% had a care plan in place and that most patients had received a medication review in a 12 month period. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.
- There were 27 patients on the practices learning disability register, most of these patients had care plans in place and 94% had received a medication review in a 12 month period. These patients were frequently reviewed in the practice also, 23 (85%) had received a review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.
- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 69 patients were on the register, these patients were frequently reviewed in the practice also, 64 (92%) had received a review in a 12 month period.

The practice also provided primary medical care to patients at two local residential homes. The GPs conducted regular ward rounds and nurses often attended the homes to conduct health checks and administer vaccinations. One of the practice GPs also highlighted how over the years they had frequently visited patients who were terminally ill or at the end of life, as they felt it was important to offer support to them, their families and carers. One of the GPs had recently formed a nursing home working group with another GP in the local area. The GP explained how this was a newly developed group and so far one meeting had

# Are services effective?

## (for example, treatment is effective)

taken place. We saw that attendance included members of the multi-disciplinary team as well as other local GPs who also had nursing home commitments. During the first meeting items such as record keeping, communication, end of life care and advanced directives were covered. The GP explained how the overall aim of the group was to provide a forum for networking and sharing of good practice. We saw plans for the next meeting which including specialist speakers to cover complex capacity issues, deprivation of liberty and power of attorney. Additionally, case based discussions and advanced care planning were considered on the agenda and the group planned to explore clinical audits around admissions from nursing homes.

### 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. We saw records to demonstrate that all staff at the practice had completed training which covered key principles of the Mental Capacity Act. We also saw how the practice used training resources such as DVDs to ensure staff were kept up to date on guidelines and mental capacity principles during in-house training sessions.

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, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

- The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 80%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 70 year olds was 78% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 68% compared to the CCG and national averages of 60%.
- Practice data highlighted that 1573 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice. The practice nurse and healthcare assistant had recently completed training in smoking cessation and therefore the practice were in the process of working on collating information to identify those who had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 90% to 98% compared to the CCG averages which ranged from 94% to 96%. Immunisation rates for five year olds ranged from 93% to 96% compared to the CCG average of 91% to 96%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

There was a segregated area in reception to encourage people to wait behind the line to reduce the risk of conversations being overheard at the reception desk. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. The practice also used privacy slips where patients could take a slip to reception to indicate when they wished to talk in private.

We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. There was also an additional screen available for use in the event of an emergency, such as an incident requiring CPR. Staff we spoke with explained how the screen was purchased to support patient dignity during such emergency incidents.

We spoke with six patients on the day of our inspection including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring. We received 37 completed CQC comment cards, all cards contained positive comments. Comments described an efficient service and staff were described as helpful, caring and supportive.

Results from the national GP patient survey (published in January 2016) showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average and national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 94% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

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

Patients told us that they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.

Completed comment cards also highlighted how staff often took the time to listen to patients, to answer questions and to carefully explain tests and treatments.

There was a register which contained 21 patients from vulnerable groups, including patients with drug or alcohol dependency. The data provided by the practice highlighted that 71% of their eligible patients had care plans in place. These patients were regularly reviewed and 80% had received a medication review in a 12 month period.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There were 48 patients on the practice register for carers; this was 0.4% of the practice list.

## Are services caring?

Members of the management team explained that although numbers on the register had increased, this was an area that they were continuing to work on as they recognised the importance of identifying carers to ensure they were offered the support they needed. Some of the work included liaising with Solihull Carers Centre to coach staff on how to identify carers; we saw how a number of resources had been shared throughout the practice to encourage carers to seek support and to prompt staff to identify carers. Resources included flow charts for clinicians on display in consulting rooms, pocket cards available on reception for carers to contact the practice and local carer groups for support and the practice also displayed a range of information for young carers. We also saw that the practice had a carer's page on the practice website and a registration form was in place for carers to complete. The practice offered flu vaccines and annual reviews for anyone who was a carer. In addition to this, the practice also contacted the carers of their registered patients to offer them flu vaccinations. Practice data highlighted that 127 carers had been offered a flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

The practice also explored ways of offering support to specific patient groups through health promotion and education events by external support groups. For example, a staff talk was given by Dementia Friends to increase staff awareness on diseases such as Alzheimer's and Dementia and to give guidance on how to support patients diagnosed with Dementia as well as additional support to their families and carers. Members of the management team explained how the event was well received by staff and therefore were planning to hold a Dementia Friends event in May 2016 for patients. We saw that so far 17 patients had signed up to attend the event. Staff also held regular successful Macmillan coffee mornings to raise funds for charity, to raise awareness and to provide guidance and resources to those with and caring for people with cancer.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. Staff explained that online appointments were a popular booking method at the practice and approximately 4900 patients had signed up to online access, this was almost half of the practices list size at 45%.
- The practice also offered telephone consultations with a GP at times to suit patients and text messaging appointment reminders were utilised to remind patients of their appointments in advance.
- The practice offered a 'Commuter's Clinic' on a Tuesday morning at 7am whereby 20 GP and 5 nurse appointments were available for patients. This was popular amongst working patients who could not attend during normal opening hours.
- The practice ran a nurse clinic from 6:30pm to 7pm on all weekdays except for Thursdays.
- There were disabled facilities in place. The practice had a translation service in place and staff discussed occasions when the translation service had been easily accessed and utilised effectively. A hearing loop was installed and was in the process of being connected.
- The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment. We also noticed how the rooms used for child immunisations contained child friendly pictures of popular cartoon characters; staff explained how families often highlighted this as a positive point as children enjoyed them which eased stress during childhood vaccinations.
- The practice offered a range of clinical services which included minor surgery, family planning, in-house Electrocardiograms (ECGs), travel and well person clinics.
- Clinical staff also had access to an advice line called Consultant Connect. This enabled them to easily access specialist medical advice from expert consultants based at the local hospital. Staff explained how they had recently avoided 16 admissions to hospital due to effective use of the service.
- The practice provided care to patients at a local sheltered accommodation facility, a local residential home and a local nursing home which included a specialist facility for patients diagnosed with dementia. The practice cared for approximately 100 patients at the nursing home, the GPs conducted ward round visits to these patients twice a week and the nurses regularly visited patients to carry out diabetes checks and for blood monitoring.

### Access to the service

The practice was open for appointments between 8am and 6:30pm during weekdays. The practice also ran a nurse clinic from 6:30pm to 7pm on all weekdays except for Thursdays. There was also a 'Commuter's Clinic' on a Tuesday morning at 7am and also offered Saturday clinics between 8am and 11am on an adhoc basis. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 highlighted mostly responses with regards to access to the service:

# Are services responsive to people's needs?

## (for example, to feedback?)

- 69% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 67% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and a national average of 65%.
- 58% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 55% and national average of 58%.

However the practice were below average with regards to telephone access:

- 50% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 73%.

To improve this, the practice had installed a new telephone system increasing phone line capacity and improving overall call management. Members of the management team explained how the survey results reflected a period of transition during the change of their telephony system and staff were confident that access would continue to improve. Additionally, the practice continued to promote the use of online appointment booking to ease telephone access and with the introduction of the practice commuter clinic, a further 100 appointments were made available to patients on a weekly basis.

The patients we spoke with during our inspection and the completed comment card gave positive feedback with regards to the service provided. When discussing appointment availability we noticed a positive theme

across comment cards and from patients we spoke with on the day of our inspection. Patients commented how easy it was to get an appointment, one patient had booked their appointment the day before and another had booked it on the day. Patients also commented that they were often able to get an appointment with a GP of their choice.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. There was a range of information available in reception which sign posted patients to internal and external NHS complaints procedures. Information also advised patients that they could speak with the practice manager if they had any concerns or complaints. The practice website and leaflet also guided patients to contact the practice manager to discuss complaints.

The practice continually reviewed complaints to detect themes or trends. The practice shared records of the 12 complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. We saw that learning from complaints was regularly discussed in complaint and significant event meetings, shared learning included reminders to staff on checking patient demographics in line with data protection guidelines.

# 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's vision was to provide patients with high quality, personalised care in a responsive manner. We spoke with nine members of staff who all spoke positively about working at the practice. As part of the surgery development and reconstruction work staff were given the opportunity to develop a set of values that they felt reflected the practice ethos. We saw that the values were incorporated into the design of the reception area, behind the reception desk. Values included being caring to patients and colleagues, being supportive and providing an efficient service whilst maintaining a friendly and professional approach.

Throughout our inspection we noticed a strong theme of positive feedback from staff and patients. Staff we spoke with said they felt valued, supported and that they felt involved in the practice's plans. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.

### Governance arrangements

- There was a clear staffing structure with supporting organisation charts in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including palliative care and falls prevention as well as non-clinical leads in data management, human resources and for the coordination of the quality outcomes framework (QOF).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's computer system.

- There were comprehensive records in place to support the practice's arrangements for identifying, recording and managing risks. There was a systematic approach to working with other organisations to improve patient care and outcomes.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.

### Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The management team worked closely together and they shared an inspiring shared purpose to motivate and encourage staff to succeed. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that they were aware of the practice's open door policy; staff said they were confident in raising concerns and suggesting improvements openly with one another.

The practice had a regular programme of practice meetings; these included weekly GP partner meetings, quarterly practice meetings and six weekly nurse meetings. All of these meetings were governed by agendas which staff could contribute to, meetings were minutes and action plans were produced to reflect actions at each meeting. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, alerts and NICE guidelines were regularly discussed. The practice manager, nurses and GPs explained that they were able to regularly engage with other representation from local practices by regular attendance at educational PLT (protected learning time) events which were facilitated by the local clinical commissioning group. The practice also held a quarterly training evening for staff to cover training updates such as infection control, information governance, health and safety and how to assess, monitor and mitigate risk.

The practice effectively used email to disseminate highlights of the week in-between meetings and to document any key points verbally communicated within the team. We saw many examples of the highlights that were circulated to staff including updates to the home visiting policy, recent practice audits and reminders regarding monitoring of high risk medicines.

# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG met as a group approximately every month, with regular attendance by practice staff. The PPG consisted of seven members including a PPG chair. The practice had also successfully recruited two teenagers to join the PPG; the GPs had encouraged members to join through general consultations. We saw how the PPG was focussing on how to improve communication with the practices teenage and younger population. We saw records of a survey approach which had been developed by one of the teenage PPG members. The survey document highlighted that approximately 10% of the practices population were teenagers, the PPG member had recognised that an online survey option had not been utilised for patients in addition to online services such as appointment booking and medication requests which were frequently used by patients at the practice. As a result of this, the member had started a project to implement an online survey specifically for the younger population group. We saw how the survey covered areas such as preferred method of communication, health promotion and education,

appointment access and questions which explored modern communication methods such as online consultations. The survey was rolled out in April 2016 and the PPG were in the process of collating and analysing the results of this.

We spoke with two members of the PPG as part of our inspection. The practice shared a range of minutes and PPG event information to demonstrate how the group had been involved in a number of successful events and projects at the practice including successful health promotion events with guest speakers from the local hospital, representation from the local falls team, a local pharmacist, a personal trainer and speakers from the Solihull Carers organisation to promote awareness for carers and young carers. The PPG were actively involved in a number of projects and positive changed within the practice. Examples included purchasing a higher chair for patients in the waiting area, installing facilities for baby changing, introducing a privacy line to reduce the risk of conversations being overheard at the reception desk.

The PPG used different methods to promote the group. We saw a PPG notice board in the practice corridor, notices on news boards and also a quarterly newsletter. The newsletter was circulated to patients and carers through patient correspondence, new patient packs, on display in the waiting room and also electronically on the practices PPG webpage.