

Handsworth Wood Medical Centre

Quality Report

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

Ratings

| | | |
|--|----------------------|---|
| Overall rating for this service | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Requires improvement |  |
| 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 Handsworth Wood Medical Centre on 6 January 2017. 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 for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 difficult to make an appointment in advance with a named GP.
- Patients highlighted through feedback that they found it difficult to access the practice by telephone at peak times and appointment access could be improved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review and consider GP patient survey results and ensure these are acted upon to make improvements to services for patients.
- Review and consider information available for carers.

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.

- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and stored securely, however we found that the practice did not stock intravenous chlorphenamine (a drug given to treat “anaphylaxis” a type of allergic reaction), the practice did however hold medication which could be taken orally and later informed us that this was now in place.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015 -16 (QOF) showed patient outcomes were better than national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- However, the service did not always accurately record the training staff had received.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients’ needs

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of their local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they did not find it easy to make an appointment with a named GP. Feedback from patients suggested that they found it difficult to access the practice via the telephone at peak times.
- 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.

Requires improvement



Are services well-led?

The practice is rated as good for being 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 it.
- 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 governance meetings.
- 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.

Good



Summary of findings

- 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 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 was active.

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 and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and had received a review to check that their health needs were being met.
- Care planning was carried out for patients with dementia care needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Data showed that outcomes, for conditions commonly found in older people, were comparable to those found nationally..
- The practice provided clinics at a number of nearby nursing and residential care homes.

Good



People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Data from 2015 to 2016 showed that the practice was performing above average in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- Performance for diabetes related indicators were better than the local and national average. For example: the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 87% compared to Clinical Commissioning Group (CCG) average of 78% and the national average of 78%.

Good



Summary of findings

- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed. We saw that staff knew the practice population well and ensured any patients needing longer appointments had access to these when necessary.
- All these patients had a named (usual) GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were above average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed that 81% of female patients aged 25-64 attended cervical screening within the target period which was comparable with the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of joint working with midwives, health visitors and school nurses.
- The practice also provided GP services to students at the University of Birmingham and offered specific registration weekends for students.

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

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Online services included the booking of appointments and request for repeat prescriptions.
- Extended hours appointments were provided daily until 8pm each evening. Patients were offered telephone consultations for those patients who preferred to call the GP. This was advantageous for people in this group as it meant they did not always have to attend the practice in person.

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 homeless people who were encouraged in to register using the practice as a home address and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were lower than local and national averages. For example, data showed that 71% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was lower than the clinical commissioning group and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing below national averages. 375 survey forms were distributed and 78 were returned. This represented less than 1% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 60% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 66% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 55% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We only received one comment card which provided both positive and negative comments about both the reception staff and the GPs.

We spoke to four patients for the views on the practice, all said they were satisfied with the care they received and thought staff were approachable, committed and caring, however they consistently raised issues with telephone access to the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review and consider GP patient survey results and ensure these are acted upon to make improvements to services for patients.

- Review and consider information available for carers.

Handsworth Wood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Handsworth Wood Medical Centre

Handsworth Wood Medical Centre provides primary care services to its registered list of approximately 20,000 patients. The practice itself is part of the Modality Group which operates a number of practices within the area. The practice is situated and the inspection was conducted at 110-114 Church Lane, Handsworth Wood, Birmingham. The practice catchment area is classed as within the group of the second most deprived areas in England relative to other local authorities. For example, income deprivation affecting children was 27% compared to the national average of 20%. The practice has a Personal Medical Services (PMS) contract. A PMS contract is a contract between NHS England and general practices for delivering personal medical services.

There are four GP partners, ten salaried GPs, three registrars, of which six are male and eight female. There are six practice nurses three of which are prescribers and four healthcare assistants. They are supported by a practice manager and administration staff. The practice is also a training practice and supports a medical student. The practice offers a range of enhanced services including minor surgery, flu vaccinations and x-rays.

The male life expectancy for the area is 77 years compared with the CCG averages of 76 years and the national average of 79 years. The female life expectancy for the area is 83 years compared with the CCG averages of 82 years and the national average of 83 years.

The practice is located on two floors, both the ground and first floor contain, waiting areas, consulting rooms, disabled toilet facilities and treatment rooms. There are administration offices and a conference room available within the practice. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice was open between 8am and 6.30pm Tuesday to Friday, on Monday the practice offers extended hours from 8am to 8pm. The practice is also open alternate Saturdays between 8am until 1pm.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

The practice employs the use of the Primecare to provide its out-of-hours service to patients.

The practice is part of NHS Sandwell and West Birmingham clinical commissioning group (CCG).

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before 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 6 January 2017. During our visit we:

- Spoke with a range of staff, the GP, nurses, the practice manager and spoke with patients who used the service.
- We saw how patients were looked after both in the reception and over the telephone.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.

- Reviewed various documentation including the practice's policies and procedures.

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. These were completed and passed to the practice manager this could be passed in written format or electronically. 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 found that significant events were discussed weekly at a clinical meeting, the practice would also have, if required, specific meetings to discuss an urgent significant event. Clinical staff were present, as were senior administration staff. Any learning was passed to all staff via reception or nursing monthly meetings. The Modality group also reviewed all significant events from its practices monthly.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient during consultation had requested a referral to be made for a test to be conducted at the local hospital which was relevant to their condition. We saw that the GP had agreed for this test to be conducted. However this was not actioned by the administration staff and was therefore missed. During the review of this event the practice identified areas for improvement and introduced specific codes which were entered by the GP during consultation and could then be searched by administration staff and subsequently removed when the referral had been made.

Overview of safety systems and processes

The practice had systems, processes and procedures 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to safeguard children and vulnerable adults. GPs were trained to child protection or child safeguarding level three.
- A notice in reception areas and within consultation rooms 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice kept stock of vaccines, these were kept in lockable refrigerators and the temperature of which was monitored daily. Stock was rotated and there was a procedure in place for the reorder of stock. The practice could identify numbers of vaccines in refrigerators however did not operate an audit process.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines and carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (A PGD are written instructions for the supply or

Are services safe?

administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files, and found in the main appropriate recruitment checks had been undertaken prior to employment. However we found that some files only contained one reference despite the practice seeking two, no records of interview for recently employed GPs and either contracts of employment were not present or not signed. The practice later informed us that all missing records had been placed in the relevant personnel files as these had been held centrally by the groups HR department.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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).

- 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 the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and stored securely, however we found that the practice did not stock intravenous chlorphenamine (a drug given to treat "anaphylaxis" a type of allergic reaction), the practice did however hold medication which could be taken orally and later informed us that this was now in place.
- 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 data for 2015/16 showed that the practice had achieved 100% of the total number of points available. With overall exception reporting of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed the practice was performing better than similar practices. For example:

- Performance for diabetes related indicators was better than or in line with national averages. For example: the percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (blood glucose levels) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 87% compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average. The practice rate was 84% compared to the national average of 83%.

- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016). The practice rate was 99% compared to clinical commissioning group average of 91 and the national average of 88%.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last twelve months.

- We reviewed two audits which were completed audits, an audit to identify patients with dementia and an audit of patients prescribed "Warfarin" (a medicine to prevent blood clotting).
- Findings were used by the practice to improve services. For example, we saw that the audit of patients being prescribed Warfarin who had possible risk factors associated with this medication. The practice identified 75 patients, the medication was reviewed and changed to alternative options. When a further audit was conducted the number of patients had reduced to 50.
- The practice participated in local audits, national benchmarking, accreditation, and peer 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 topics such as safeguarding, 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their

Are services effective?

(for example, treatment is effective)

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, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training, however training completed by staff was not always recorded.

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 monthly 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 patients' records.

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.
- Referrals to dietician services were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the clinical commissioning group (CCG) average of 80% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance and operated opportunistic testing.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening we found that these were in line with local averages. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 82% to 92% compared to national averages of 83% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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

NHS health checks for patients aged 40–74. 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.

The patient Care Quality Commission comment card and comments provided by people on the day was positive about the service experienced. Information received from patients on the day consistently stating that the practice offered good care and treated them with dignity and respect.

We spoke with members 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.

Results from the national GP patient survey gave mixed responses from patients when asked if they felt they were treated with compassion, dignity and respect. The practice scores were variable when compared to clinical commissioning group and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 89%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 68% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We discussed the responses with the practice, particularly comments about receptionists, they told us that the practice had reviewed the results and in response an afternoon training session in customer care was given to reception staff. We saw that the practice had discussed its scores during clinical meetings and they told us that they had recruited additional GP staff as a result of this information and could provide us with an action plan outline the actions they had taken.

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. We saw that care plans were personalised, however the practice told us that they did not routinely review care plans for people with a learning disability of which they had 107 patients. The practice had identified this previously however were awaiting training from the (CCG).

Results from the national GP patient survey showed patient responses rated the practice below others when asked about their involvement in planning and making decisions about their care and treatment, comparabled to other practices nationally. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We also saw that the practice had discussed its scores during clinical meetings and they told us that they had recruited additional GP staff as a result of this information.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and we saw translation services being used during the day, but the practice had limited written information available for people in other languages, for example the patient and complaints leaflet was not available in other languages

despite the practice providing services to large numbers of patients who did not have English as their first language. The practice later told us that they had information available for patients in other languages.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 patients as carers (1% of the practice list). There was limited information that signposted patients to support groups and other organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission and had helped the CCG define its policy on Female Genital Mutilation (FGM).

- The practice routinely offered extended 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 those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and the practice was a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Tuesday to Friday, on Monday the practice offers extended hours from 8am to 8pm and also offered a Walk-in Surgery from 8.00am to 9.30am (walk in and wait to be seen).. The practice is also open alternate Saturdays between 8am until 1pm. The practice operated a "Doctor first" service, which meant that GPs provided telephone consultations to patients each morning and could request patients to attend if this was required. Routine appointments were offered each afternoon from 2pm until 8pm, the practice explained that they were trialling a number of different appointment systems in an effort to improve availability of appointments, for example The practice operated an appointment system where patients were able to book an appointment with the doctor of their choice. These appointments could be booked one day in advance via the telephone or by attending the surgery after 10.00am ..

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below local and national averages. For example:

- 67% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 76%.
- 37% of patients said they could get through easily to the practice by phone compared with the CCG average of 60% and the national average of 73%.
- 49% of patients described their experience of making an appointment as good, compared with the CCG average of 62% and the national average of 73%.

We discussed the GP patient survey results with the practice particularly patients experience when attempting to contact the practice by phone. We saw that the practice had employed two further GPs during 2016 and in recent months had increased the number of GP sessions. We also saw data which demonstrated that the number of calls answered had increased month on month.

However, we saw that despite these measures patients continued to complain about delays when attempting to contact the practice by telephone, we also saw that comments on NHS choices raised concerns with telephone access. Members of the patient participation group also provided us with similar comments.

The practice acknowledged that telephone access and appointments continued to be an issue.

This meant that the practice could not always be confident that it could assess:

- whether a home visit was clinically necessary; or
- the urgency of the need for medical attention.

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.

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

- We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.

We looked at all the complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been

provided with an explanation and an apology when this was appropriate. We saw that 19 complaints referred to the practices' appointment system and noted that the practice had discussed this when attempting to address appointment availability and telephone access.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a 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 comprehensive understanding of the performance of the practice was maintained
- 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 GPs 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 comments told us the GPs were approachable and 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:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us and we saw that the practice held regular weekly and monthly meetings.
- 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 GPs 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 sought patients' feedback and engaged patients in the delivery of the service. It was also attempting to improve patient access following analysis of the GP patient survey results.

- The practice had an established patient participation group (PPG), and we saw that meetings took place every two months. The PPG told us they had been involved in attempting to provide solutions to the issue of telephone access.
- Staff told us they would 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 within the practice. For example; the practice

Are services well-led?

Good 

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

was an accredited training practice and teaching practice. There were qualified GP trainers at the practice. As a training practice, it was subject to scrutiny and inspection by West Midlands Deanery as the supervisor of training. Therefore GPs' communication and clinical skills were

regularly under review. As well as GP training the commitment to education extended to foundation year doctors and the training of physicians' associates, paramedic practitioners and social work students