

Moss Grove Surgery - Kinver

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Moss Grove Surgery on 11 April 2016. Overall the practice is rated as Good.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with 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 told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a well-established patient group that had received awards in recognition of their work.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse.
- The practice had well maintained facilities and equipment.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that checks on staff were completed.
- There was a comprehensive training programme for staff. For example, safeguarding and chaperoning.
- Risks to patients and staff were assessed and regularly reviewed.
- Fire drills were carried out annually.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above both local and national averages.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles demonstrated quality improvement.
- 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 had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice above local and national averages in 13 out of the 16 indicators in aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Home visits were given to patients when housebound or unable to attend the practice.
- The practice held a carers' register and highlighted to staff when patients also acted as carers.
- There were appointed carers' leads in the practice who had completed training specific to the role.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population.
- Patient feedback was sought and acted on.
- There was an established patient participation group that actively promoted health and wellbeing to the local community.

Are services well-led?

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

Good



- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a written business plan that was reviewed every six months.

Summary of findings

- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity and used an audit trail to evidence staff awareness.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included regular clinical audits to monitor and improve quality of care provided.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP partners and the practice manager were aware of the practice performance and the specific requirements of their patients.

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. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that resided in nursing and care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. All over 75 year olds had a completed care plan. The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. The practice had identified and supported patients who were also carers. Carers' leads had been appointed and had received training specific to the role.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in GP and nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice held a list of palliative patients and used the gold standards framework to provide end of life care.

Good



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 who were at risk, for example, children and young people who had protection plans in place. Children who did not attend appointments were followed up with a phone call or reported to the health visitor. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered extended opening hours and a full range of health promotion and screening that reflected the needs for this age group. The practice had a social media presence that was used to share information and seek feedback.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients. The building had automated entrance doors and a disabled toilet.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 35 patients on the learning disabilities register, 29 had received annual health checks in the preceding 12 months and six had declined. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning. The GPs regularly performed ward rounds at a local care home for patients with learning disabilities.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example there were posters for a local substance misuse support service. 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.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day

Summary of findings

appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. Advance care planning was carried out for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Summary of findings

What people who use the service say

We spoke with two patients on the day and collected 27 Care Quality Commission (CQC) comment cards. The comment cards highlighted a high level of patient satisfaction. Comments from patients were positive about the practice staff and spoke of a friendly and caring service. Patients said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 7 January 2016 indicated a high level of patient satisfaction. The practice performance scored higher than local and national averages in 21 of the 23 of the questions. For example:

- 98% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) and national average of 92%.
- 89% of respondents described their experience of making an appointment as good compared with the CCG and national average of 73%.
- 92% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 81% and national average of 78%.
- 96% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.

There were 236 responses and a response rate of 50%.

Moss Grove Surgery – Kinver

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a second inspector.

Background to Moss Grove Surgery – Kinver

Moss Grove Surgery is located in the village of Kinver, part of the Seisdon peninsula in South Staffordshire. Kinver has a population of approximately 10,000 residents. The area is less deprived and has lower unemployment when compared to national averages.

Moss Grove took over the practice from the Clinical Commissioning Group (CCG) in March 2007. The practice is part of Moss Grove, an organisation with a second practice in Kingswinford. There are seven partners in total, five of the GPs work at both sites and two GPs work exclusively at Kinver. The premises is a purpose-built building owned by NHS Properties and is shared with other community services that include a chiropodist.

The practice has a list size of 5,400 patients. The population distribution shows above national average numbers of patients over 65 years of age. The ethnicity data for the practice shows 98% of patients are white British. In the 10 years since taking over, the practice population has approximately doubled despite the local population remaining static. The practice attributes this growth to local patients registering as the practice reputation has improved.

Five of the seven GP partners work a combined number of sessions equivalent to three full time GPs. The partners are assisted by a clinical team consisting of two practice nurses and a healthcare assistant. The administration team consists of a practice manager and nine administration staff, including two apprentices.

The practice opens from 8am to 6.30pm, Monday to Friday. Consulting times in the morning are from 8.30am to midday and in the afternoon from 3.45pm to 6pm. The practice offers extended hours between 6.30pm and 9pm on Monday evenings. The practice closes on a Tuesday afternoon between 12.15pm and 1.15pm for staff training. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider. The nearest hospital with an A&E unit and a walk in service is Russells Hall Hospital, Dudley.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 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:

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 11 April 2016.

We spoke with a range of staff including GPs, nurses, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been six events recorded in the preceding 12 months. A summary of the past 12 months demonstrated learning was shared and protocols changed.

- Staff told us that a designated GP was responsible for significant events and there was a template to record any incidents.
- The practice carried out timely analysis of individual significant events at a weekly clinical meeting and learning outcomes were shared as a group or individually when appropriate.
- A meeting was held every six months to review all significant events that had been recorded in that period of time.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was found to be at risk of stomach ulcers due to medication prescribed. The significant event review resulted in a clinical audit being undertaken.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All practice staff were engaged with the process and information was shared informally and through a central store of electronic documents available to all staff. A culture to encourage Duty of Candour was evident and all staff had received training. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and 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. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurses had attended level three training in safeguarding. A GP partner was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, and the knowledge and experience to fulfil this role. Administration staff had completed level one in safeguarding training. Safeguarding was discussed at monthly meetings and a quarterly meeting with the health visitor and school nurse was held to discuss vulnerable children.
- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Staff who acted as chaperones had been subject to a Disclosure and Barring Service (DBS) check or risk assessed. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in hand washing and specimen handling.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- Clinical waste was stored and disposed of in line with mandatory requirements.
- Prescription pads and forms for use in computers were stored securely and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).

Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were completed for the healthcare assistant.
- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, DBS checks and health screening had been completed for all new staff who would be left alone with a patient. Induction programmes had been completed by newly appointed staff.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training and carried out fire drills every six months. There was a lead for health and safety who had completed additional training.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention control (IPC) audits were last undertaken in 2014 by an external auditor. Regular internal checks had been performed since.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.

- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks were carried out.
- Risk assessments had been completed and there was a written risk log that identified risks. This was updated every six months.

Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system and a panic button included as a feature of the clinical software system.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- Fire safety training had been completed by almost all staff and fire drills were carried out every six months.

The practice had a written business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the practice manager and the senior partner.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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 staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- NICE guidelines were a standard agenda item for the monthly meeting.

The practice had a register of 35 patients with learning disabilities. Annual reviews had been completed for 29 of the 35 patients for the year ending 31 March 2016. All patients were invited and six patients had refused.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 96% of the total number of points available in 2014/15. This was higher than both the Clinical Commissioning Group (CCG) average of 93% and the national average of 94%. The practice data for the year 2015/16 showed the practice had achieved 541 of 545 points available.
- Clinical exception reporting was 6.6%. This was lower than the CCG average of 9.9% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP authorised when a patient was excepted.

There had been two clinical audits in the last year. Clinical audits carried out were repeated and second cycles evidenced that improvements had been made. The audits included a review of patients on two medicines that should not be co-prescribed together without a stomach protecting medication. This audit had resulted from a significant event review. The practice reviewed all patients on the same two medications and the appropriate changes were made.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice by appointment.

Effective staffing

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

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house. Patients were called by telephone when required to attend an appointment with the nurse.
- There was a clinical lead for each of the main chronic diseases, asthma, diabetes, Chronic Obstructive Pulmonary disease (COPD) and coronary heart disease (CHD).
- GPs had received additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as bullying and harassment, cleanliness and hygiene control and dementia awareness.
- All staff felt supported to develop and had received at least annual appraisals.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

Are services effective?

(for example, treatment is effective)

A number of information processes were used to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were done for all patients who had care plans. A traffic light system was used to prioritise discussion around patients with the most needs.
- The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. The practice used the gold standards framework for optimising the palliative care provided to patients.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually.

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 a practice GP 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 practice's responsibilities within legislation and followed relevant national guidance.

- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients.

Data from QOF in 2014/15 showed that the practice had identified 20% of patients with hypertension (high blood pressure). This was above the CCG average of 15% and national average of 14%.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was in line or higher than both local and national averages.

- The practice's uptake for the cervical screening programme was 81% which was in line with the CCG average of 81% and the national average of 82%.
- 77% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than the CCG average of 73% and national average of 72%.
- 64% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 62% and the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were comparable with CCG and national averages.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect. The reception hatch was situated in an area that maintained confidentiality, with phone calls responded to behind the front desk out of earshot. However the height of the reception desk was not at a suitable height for wheelchair users. We were told that the reception desk had been altered in 2015 by the property owners without consultation with the practice.

We spoke with two patients during the inspection and collected 27 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced and complimented the practice on the provision of a personal, caring service. Patients said they felt the practice offered same day appointments for urgent requests. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GPs' consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A sign at the reception desk advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 236 patients to submit their views on the practice, a total of 117 forms were returned. This gave a return rate of 50%.

The results from the GP national patient survey showed patients were satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates the same as or higher than both local and national averages. For example:

- 87% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.
- 96% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 93% said they found the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patient satisfaction was comparable with both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed:

- 81% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.

However the responses from patients were above average when asked questions about their involvement in planning and making decisions about their care and treatment with the nurse. For example:

- 95% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 99% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all

Are services caring?

carers. There was a carers' register that numbered 56 patients equivalent to 1% of the practice population. There was a dedicated notice board for carers situated in the practice waiting room that included information on support and services provided both at the practice and in the local community. The practice worked with a local carers' group to help identify more patients who acted as carers. Two of the reception staff had been appointed carers' leads and had completed the Dudley Carers' Award. The practice had committed to train all of the staff by the end of 2016 and planned to hold an event to provide support and information to carers.

Patients gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the GPs taking time to provide support and compassion.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

If a patient experienced bereavement, practice staff told us that a GP telephoned the immediate family and offered support and signposted to services.

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.

- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. Home visits were made by GPs and nursing staff.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and the building was single storey.
- Translation services were available for patients.
- There was a hearing loop at the reception desk.
- Baby changing facilities were available and well signposted.
- A quarterly newsletter produced included updates on new staff, online services and travel advice.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every month were attended by district nurses, the community matron, social services and the healthcare visitor.

The GPs performed regular visits to patients who lived in care homes.

Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday. Consulting times in the morning were from 8.30am to midday and in the afternoon from 3.45pm to 6pm. The practice offered extended hours between 6.30pm and 9pm on Monday evenings. The practice closed on a Tuesday

afternoon between 12.15pm and 1.15pm for staff training. When the practice was closed patients were advised to call the NHS 111 service or 999 for life threatening emergencies. The practice had opted out of providing an out of hours service choosing instead to use a third party provider. The nearest hospital with an A&E unit and a walk in service was Russells Hall Hospital, Dudley.

Pre-bookable appointments could be booked up to six weeks in advance with a GP and up to three months with a nurse. Same day appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within two weeks and with nurses the next working day. We saw that urgent appointments were available on the day of inspection. Appointment availability was reviewed weekly and additional appointments added when required.

Results from the national GP patient survey published in January 2016 showed higher rates of satisfaction for indicators that related to access when compared to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.
- 96% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.
- 90% of patients were able to secure an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.

This was supported by patients' comments on the day of inspection. Patients spoke positively about same day access to appointments.

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 staff member who handled all

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

complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a practice leaflet and on the website.

The practice had received four complaints in the last 12 months. These included complaints made verbally and in writing. All complaints were investigated and responded to

in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing. There was no trend in the nature of complaints and when appropriate the complaint had resulted in a significant event being recorded and reviewed.

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

Moss Grove had taken the practice over in 2007 and transformed a practice that had experienced difficulties. This was evidenced by a doubling of the practice list size over the 10 years in spite of static growth in the population of the town and surrounding area. There was a documented mission statement that incorporated the vision of the practice. The practice aimed to care for its patients and each other to the best of their ability. Staff we spoke with felt valued and supported. There was a formalised business plan used primarily for financial planning. This was reviewed every six months.

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. Staff we spoke with demonstrated an awareness of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were implemented, reviewed annually and were signed as read by staff.
- There was a programme of continuous clinical and internal audits, used to monitor quality and to make improvements. Results were circulated and discussed in practice meetings,
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A comprehensive understanding of the performance of the practice was maintained.

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and practice manager partner were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- The practice had a regular programme of practice meetings. These included a weekly clinical meetings attended by GPs and nurses and a fortnightly practice meeting attended by non-clinical staff. There was a set of standard agenda items that included significant events.
- Agendas were produced in advance and minutes produced from each meeting.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice demonstrated well-established links and engagement with patients and reviewed the results of the GP Patient Survey published in January 2016. There was a long-established Patient Participation Group (PPG) that met with practice staff every six weeks. The group had 30 members and meetings achieved an average attendance of around 15. We met with representatives of the group on the day of inspection and received positive comments on how the practice listened and responded to patient feedback. The PPG worked with outside agencies to promote services available and education for the community on healthcare topics. For example, a healthy living event in November 2015 was attended by agencies such as age concern and local dieticians. The practice had submitted an application

Are services well-led?

Good 

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

for the Corkhill Award for their healthy living and healthy life event. The Corkhill Award is made annually and recognises the contribution and promotion of patient participation. The PPG had been named winners of the South Staffs Patients Choice Quality and Excellence Award for public involvement and health promotion events.

The PPG organised an annual programme of speakers to present to the group on specific areas of interest. The most recent plan targeted expert speakers to come and talk to the group about long term conditions such as dementia. The PPG and practice manager partner identified the group was not representative of the age demographic in the practice population. There were no members from the younger patient age groups. In response, and as an outcome from the patient panel survey, the practice launched a Twitter account in April 2016. This provided a platform for information to be shared and for patients to make comments and suggestions to the practice.

There was a staff focus group that had been recently established and held meetings to discuss practice issues.

Continuous improvement

There was a strong culture of learning and the staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals and personal development plans. Time was set aside fortnightly for protected learning. There was evidence seen of staff development. For example, a member of staff who had started as a receptionist and had been developed into the role of healthcare assistant. There were two employees who had joined the practice on an apprentice scheme and work experience opportunities were provided to students from local schools.

Innovation

The practice was involved with a number of innovative projects. The role of carers' leads had been introduced in March 2016. Two members of staff from the reception team had been appointed as carers' leads. In the four weeks since implementation of the new role, 16 additional carers had been identified.

The practice invited pharmacists from a 10 mile radius to a lunch held at the practice twice a year. This meeting was used to discuss relevant topics and issues. This initiative was duplicated for local nursing and care home managers.