Dr. S.D. Roberts and Partners

Quality Report

New Court Surgery
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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 Dr S D Roberts and Partners on 12 May 2015. 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 CQC at that time.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Information about how to complain was available and easy to understand
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the virtual Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority.
- 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.
- 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.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were robust safeguarding measures in place to help protect children and vulnerable adults. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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.

Patients said they found they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

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.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. 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, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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

Good

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 accident and emergency (A&E) attendances. Immunisation rates were relatively high 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, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and district nurses. The practice offered extended hours appointments mornings and evenings each week for advanced booking including one Saturday morning each month. The practice also offered a number of online services, including booking and cancelling appointments, requesting repeat medicines, sending secure messages to the practice.

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.

The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions. The healthcare assistant led on new patient checks and routine treatment in the practice.

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. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.

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). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.

Summary of findings

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in April 2014 showed the practice was generally performing below local and national averages. There were 114 responses which represented a response rate of 44%.

- 63% find it easy to get through to this practice by phone compared with a CCG average of 76% and a national average of 87%.
- 77% find the receptionists at this practice helpful compared with a CCG average of 89% and a national average of 87%.
- 49% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 85% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 60% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 46% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 41% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

During 2014 the practice had experienced difficulties as they had been short staffed due to the resignation of a GP and long term sickness of another GP. The situation had improved and the practice made changes to access including recruitment of GPs, increased volume of telephone access and introduced GP triage by the duty GP each day. We saw some of the practice survey results which showed improvements were being achieved in all areas.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and nurses, and could always get an appointment when they needed one.

Dr. S.D. Roberts and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Dr. S.D. Roberts and Partners

Dr S D Roberts and Partners (known locally as New Court Surgery) are located in Malvern, in Worcestershire in a modern purpose built building. The practice provides primary medical services to patients. The practice has three GP partners and three salaried GPs, (three male and three female), a practice manager, nursing, administrative and reception staff. The practice is a training practice. There were 9472 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England.

The practice operates a triage system for urgent same day appointments. The triage and urgent appointments are carried out by all GPs at the practice. The practice is open between 8.30am and 6pm Monday to Friday. They offer extended hours appointments at 8.15am and up to 6.30pm on these days and appointments are available once a month on a Saturday morning. Home visits are available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, and book and cancel appointments.

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, arrangements are in place to ensure patients receive urgent medical assistance when the practice is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website.

The practice treats patients of all ages and provides a range of medical services. The practice provides a number of clinics such as disease management clinics which includes asthma, diabetes and heart disease. Other clinics include minor surgery, maternity care and family planning clinics.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

- 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 our inspection of Dr Roberts and Partners we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted South Worcestershire Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 12 May 2015. During our inspection we spoke with a range of staff that included two GPs, the practice manager, nursing and reception staff. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions the practice had taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of all significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident had occurred where a blood sample that had been left on the reception counter. The analysis of the incident and details of action taken had been recorded. We saw that significant events had been discussed at practice meetings which demonstrated the willingness by staff to report and record incidents. We saw evidence from the minutes that learning was taken from and shared with staff to ensure that further incidents were prevented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined.
- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place 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. For example, an audit had been carried out in February 2015 where infection control training had been identified as a required action. In response to this staff had been given work booklets for self-learning which were monitored and reviewed by the infection control lead.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out with the support of the

pharmacist employed by the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- 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 the different staffing groups to ensure that enough staff were available each day. For example, we saw rotas for GPs which clearly showed no more than two GPs were to take leave at a time. Cover arrangements were agreed in meetings prior to the leave period. The practice manager maintained a spread sheet to show when staff cover was required for leave periods to manage staff levels. Staff confirmed they would also cover for each other at short notice when colleagues were unable to work through sickness.

Arrangements to deal with 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 and equipment available in the treatment room.

There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Copies of the plan were kept in the reception area, on the practice's computer system and the lead GP confirmed they kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, GP sickness and annual leave, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Nurses told us they accessed NICE guidance and actioned recommendations where these were applicable. Shared records were in place to enable best practice guidance to be stored and shared by all staff. We saw minutes of practice meetings where new guidelines had been discussed and shared.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 98.2% of the total number of points available, with 5.3% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including feet checks was 98.42% which was higher than the national average of 88.38%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was better than the national average of 83%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 96.39% which was higher than the national average of 86%.
- The dementia diagnosis rate was slightly below the national average.

The practice had a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process requires recommendations and actions to be taken where it is found that standards are not being met.

We reviewed four clinical audits and of these two were completed audit cycles where the improvements made had been implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, one audit carried out in October 2014 found that 18 patients who used inhalers needed to be reviewed by the nurse. The reviews were to ensure that patients operated good inhaler techniques so that they were not exposed to higher doses of medicine than they needed. A re-audit was carried out in January 2015 and found that 13 out of 18 patients had been reviewed with results that showed improved outcomes for 10 patients. The practice determined that inhaler techniques were to become part of patients' annual review to ensure they were achieving the best results with the medicine they prescribed, or that the prescribed medicines were the most effective for the patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the

scope of their work. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation and support for the revalidation of GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that training opportunities at the practice were well facilitated. For example, nursing staff told us they were completing additional training for areas such as diabetes and the practice were very supportive with funding and giving time for this training.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.

It was practice policy to offer a health check with a nurse to all new patients registering with the practice. The practice told us that the health care assistant (HCA) was trained to carry out the health checks on patients and this included new patients, patients who were 40-70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. GPs and clinical staff showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. GPs told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.04%, which was comparable to the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.4% to 96.1% and five year olds from 92.3% to 98.1% which compared with national rates of 79.7% to 98.3% and 88.8% to 96.4% respectively. Flu vaccination rates for the over 65s were 74% which was higher than the national average of 73.4%. The rates for those groups considered to be at risk were 52.51% which aligned with the national average of 52.29%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient CQC comment cards we received were positive about the service experienced, although two patients added some less positive comments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One patient commented that the touch screen to indicate arrival for an appointment was not respectful.

Results from the national GP patient survey 2014 showed generally lower than average results in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 86% and national average of 85%.
- 94% said the GP gave them enough time compared to the CCG average of 94% and national average of 92%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

At the time of the 2014 national patient survey the practice had experienced a period of difficulties where they had been short staffed due to the resignation of a GP and long term sickness of another GP. The situation had improved and the practice made changes to appointment access including recruitment of GPs, increased volume of telephone access and introduced GP triage by every GP. The practice showed us some of the results for the survey they had carried out for this current year so far that showed improvements across most areas. The practice planned to make these results available as soon as the report was completed.

The practice website had a noticeboard section through which it invited patients to comment on the results of the survey. Through this noticeboard the practice confirmed to patients that they were committed to make improvements to their ability to book an appointment with a GP. Patients were also made aware of the online booking system and encouraged to use this to when making appointments.

Care planning and involvement in decisions about care and treatment

Patients told us through the comment cards that health issues were discussed with them and 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. One patient commented that they were not always provided with enough information about their illness and the effect of this.

Results from the national GP patient 2014 survey we reviewed showed that most patients surveyed had not responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%

Good

Are services caring?

Patients commented on the comment cards that they were involved in decisions about their care and treatment. They explained the GPs were very informative and explained things to them. Some patients specifically commented that GPs explained things to them and kept them informed.

The lead GP partner told us the practice had made changes in order to see improvements in the patients experience and on the survey results. This included for example, the triage GP system by all GPs which was available each day to improve access to GPs at the practice. The lead GP also told us that while they recognised the survey results had reflected the views of 44% of the total number of patients registered with the practice, they had taken the results seriously and had made arrangements to carry out a patient survey at the practice to continually review their improvement progress.

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.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets available in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. This was available in the form of an information pack which was available in the reception and waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice told us they were participating in a CCG initiative to respond to emergency calls during the daytime. The initiative aimed to reduce the number of avoidable admissions to hospital and free up the paramedics to attend to more life threatening calls. Across the CCG area there had been a reduction of 20% of patients being taken to hospital since the initiative started in October 2014.The practice told us that in responding to the calls they were able to determine whether hospitalisation was what the patient needed or provide them with consistent care and support in their own homes.

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

- Longer appointments were available for people with a learning disability.
- Home visits were available for older patients and those patients who would benefit from these.
- Extended appointment times were available for those patients who had work commitments from 8.15am and until 6.30pm each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- A duty GP was available each day and triaged urgent requests on the telephone and arranged appointments for those patients who needed to see the GP.
- There were disabled facilities, hearing loop and translation services available.
- A named GP was allocated to each nursing home with a buddy system in place to ensure continuity of care.
- Practice nurses visited care homes to provide patients with reviews of their conditions such as diabetes and respiratory diseases.
- Annual reviews were carried out with patients with long term conditions. Reviews are arranged at the time of the patients' birthday which helped to remind patients when their review was due.
- The practice provides support for a temporary parenting assessment centre for those people referred by social services. The practice told us many of the parents referred to this service were single and from deprived backgrounds across the West Midlands. Patients were placed at the centre for a maximum of three months before returning to their homes. The practice had a dedicated member of the staff team who liaised with this service regarding appointments, vaccinations and other medical matters.

Access to the service

The practice had experienced difficulties during 2014 which impacted on the availability of appointments for patients. This was mainly due to the resignation of one GP and the long term sickness absence by another GP. The practice had been proactive in improving access for patients with the recruitment of GPs, with the introduction of GP triage and duty GP system, as well as extended hours for patients who were unable to attend at the standard times.

The practice was open between 8.30am and 6pm Monday to Friday, and offered extended hours appointments from 8.15am to 8.30am and from 6pm to 6.30pm on those days. Home visits were available for patients who were too ill to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions, and book and cancel appointments.

The practice operated a triage system for urgent same day appointments. The triage and urgent appointments were carried out by all GPs. The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients and was available on the practice's website.

The practice treated patients of all ages and provided a range of medical services. The practice provides a number

Good

Are services responsive to people's needs?

(for example, to feedback?)

of clinics such as disease management clinics which included asthma, diabetes and heart disease. Other clinics included minor surgery, maternity care and family planning clinics.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet made available at the practice. We saw a copy of the complaints form available for patients to use should they wish to make a formal complaint. The form also included a copy of the procedure and explained to the patient what they could expect once their complaint was submitted to the practice. Patients commented through the comments cards that they were aware of the process to follow should they wish to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the period January 2014 to April 2015. This showed the practice had received 11 complaints during this period with responses to and outcomes of complaints clearly recorded.

We saw evidence that showed lessons learned from individual complaints had been acted on and included for example, further training needs where they had been identified. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings that ensured learning was shared and reviewed in an open and responsive way.

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 vision of the practice was aligned to the clinical commissioning group (CCG) strategy. It was evident through discussions with staff during the day that this vision was shared throughout the practice.

The practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

Governance arrangements

The practice had a governance framework in place that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were discussed with them.

Leadership, openness and transparency

The partners in 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 partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The virtual PPG was an online group that the practice consulted on practice changes and patient surveys. The virtual group annual report for 2014 showed that actions had been taken in response to patient feedback. For example, new signage was implemented in the waiting area and the volume of the call-in system had been increased.

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

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had worked with the local Clinical

Are services well-led?

Good

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

Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice told us they were participating in a CCG initiative to respond to emergency calls during the daytime. The initiative aimed to reduce the number of avoidable admissions to hospital and free up the paramedics to attend to more life threatening calls. Across the CCG area there had been a reduction of 20% of patients being taken to hospital since the initiative started in October 2014.The practice told us that in responding to the calls they were able to determine whether hospitalisation was what the patient needed or provide them with consistent care and support in their own homes.