AW Surgeries

Quality Report

Albion House Surgery
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Date of inspection visit: 24 March 2016
Date of publication: 11/05/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at AW Surgeries, Albion House Surgery on 24 March 2016. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment
- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice.
- Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered minor surgery to registered patients and

Summary of findings

for patients who were locally referred from their own GP. An in-house dermatologist worked with the practice on a weekly basis to offer general dermatology services.

- The practice offered proactive care to meet the needs of its population. The practice was focusing on a proactive and preventative care method and we saw how staff had conducted a thorough analysis across long term condition registers in order to improve current systems and care for patients with comorbidities.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group which influenced practice development.

We saw some areas of outstanding practice:

- The practice had a dedicated children's hour at 8:30am and 3:30pm for on call GPs to see children who for example, woke up unwell or were collected from school unwell. Staff explained that due to the popularity of this, appointments were increased to six morning appointments and six afternoon appointments for the GP on call to see children during this appointment window. Children under the age of five were also seen as a priority.
- Members of the management team held a number of outside posts; this was used to benefit the practice through shared learning and for leading on projects to benefit patients. For example, the practice were exploring ways of identifying vulnerable patients who may be in need of extra support, this included identifying any ex-military patients through a veterans health initiative. The veteran's health initiative was developed by one of the practices GPs who had carried out research in to this area through their role as associate dean for the Black Country.
- An in-house dermatologist worked with the practice on a weekly basis to offer general dermatology services. Practice data demonstrated that 1754 appointments were offered to local patients and filled with the dermatologist during 2015, 308 of appointments were attended by patients of the practice. Use of this service avoided patients having to travel to other community clinics and secondary care services.

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.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment and results were circulated and discussed in the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas. Staff, teams and services were committed to working collaboratively.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Patients said they were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- Results from the national GP patient survey published in January 2016 showed that patients were mostly happy with how they were treated and that this was with compassion, dignity and respect.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice worked with local support services such as the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice proactively explored ways of identifying patients who may be in need of specialist support and had started to focus on this area.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions. Clinical staff carried out home visits for older patients and patients who would benefit from these. There was a dedicated team in the practice who were responsible for co-ordinating care for the practices older population.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered minor surgery to registered patients and for patients who were locally referred from their own GP.
- An in-house dermatologist worked with the practice on a weekly basis to offer general dermatology services. Use of this service avoided patients having to travel to other community clinics and secondary care services.
- The practice had completed a thorough review of the results from the national GP patient survey where the practice had performed lower than average for access to the service. A comprehensive business case had been developed which incorporated areas for improvement.

Summary of findings

Are services well-led?

Good

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

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group which influenced practice development.
- Throughout our inspection we noticed a strong theme of positive feedback from staff. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.
- Members of the management team held a number of outside posts; this was used to benefit the practice through shared learning and for leading on projects to benefit patients. For example, the practice were exploring ways of identifying vulnerable patients who may be in need of extra support, this included identifying any ex-military patients through a veterans health initiative.

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

Outstanding 

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people. Clinical staff carried out home visits for older patients and patients who would benefit from these.
- The practice had 1214 patients over the age of 75; this was 7% of the practices population. The practice continually monitored patients over the age of 75 with complex needs and who were most at risk of admission to hospital, these patients had advanced care plans in place.
- The practice also recognised the need to make regular contact with their patients over the age of 65 who were classed as healthy and were therefore working on making regular contact with these patients.
- There was a dedicated team in the practice who were responsible for co-ordinating care and continually monitoring the practice older population.

People with long term conditions

Good 

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

- The practice was a lead practice in the area for the local long term conditions framework, data from January 2016 highlighted that 5528 (31%) of the practices patients had a long term condition. The local long term conditions framework was developed and initiated by the local Clinical Commissioning Group (CCG) to replace the Quality and Outcomes Framework (QOF) in the future.
- The practice was focusing on a proactive and preventative care method and we saw how staff had conducted a thorough analysis across long term condition registers in order to improve current systems and care for patients with comorbidities.
- Performance for overall diabetes related indicators 100%, with an exception rate of 0%.
- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

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 A&E attendances.
- Childhood immunisation rates for under two year olds ranged from 98% to 100% compared to the CCG averages which ranged from 40% to 100%.
- Immunisation rates for five year olds ranged from 95% to 98% compared to the CCG average of 93% to 98%.
- The practice had a dedicated children's hour at 8:30am and 3:30pm for on call GPs to see children who for example, woke up unwell or were collected from school unwell. Staff explained that due to the popularity of this, appointments were increased to six morning appointments and six afternoon appointments for the GP on call to see children during this appointment window. Children under the age of five were also seen as a priority.
- The practice was also working with the local pharmacist to educate patients through the pharmacy first scheme; this was to help patients identify where they could seek advice from a pharmacist instead of attending an appointment with the GP for minor ailments.

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 practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 80%, compared to the national average of 81%.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered extended hours on Tuesdays and Wednesdays.

Summary of findings

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.

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- There were 47 patients on the practices learning disability register, 64% of the practices patients with a learning disability had a care plan in place, these patients were also regularly reviewed. The practice was working on improving this and the team was working on alternative methods to ensure that these patients were also regularly reviewed.
- The practice had a palliative care register consisting of 173 patients in place and a register of frail patients containing 148 patients which included patients who were at risk of falls. 71% of the patients on the practices palliative care register had a care plan in place and all of them were receiving regular reviews. Most of the patients who were at risk of falls were regularly reviewed and we saw minutes of multi-disciplinary team meetings which supported this.

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).

- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practices dementia register contained a total of 104 patients diagnosed with dementia. The practice had also identified that 88 of these patients had other conditions and were additionally included in the practices long term condition register.
- Data showed that diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. Practice data highlighted that most of these patients had care plans in

place and all of these patients were regularly reviewed. Clinical staff also visited all patients on the dementia register at home, in order to offer support and care at the preferred place of the patient.

- There were 141 patients on the practices mental health register. Most of these patients had care plans in place, these patients were regularly reviewed and further reviews were planned. Performance for mental health related indicators was 100%, with an exception rate of 0%.

Summary of findings

What people who use the service say

The practice received 104 responses from the national GP patient survey published in January 2016, 299 surveys were sent out; this was a response rate of 35%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 30% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 77% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 68% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with five patients during our inspection and the service users completed 14 completed comment cards. Patients and completed comment cards all gave positive feedback with regards to the service provided. Some of the comment cards commented that it was hard to access appointments over the phone.

Outstanding practice

We saw some areas of outstanding practice:

- The practice had a dedicated children's hour at 8:30am and 3:30pm for on call GPs to see children who for example, woke up unwell or were collected from school unwell. Staff explained that due to the popularity of this, appointments were increased to six morning appointments and six afternoon appointments for the GP on call to see children during this appointment window. Children under the age of five were also seen as a priority.
- Members of the management team held a number of outside posts; this was used to benefit the practice through shared learning and for leading on projects to benefit patients. For example, the practice were exploring ways of identifying vulnerable patients who may be in need of extra support, this included identifying any ex-military patients through a veterans health initiative. The veteran's health initiative was developed by one of the practices GPs who had carried out research in to this area through their role as associate dean for the Black Country.
- An in-house dermatologist worked with the practice on a weekly basis to offer general dermatology services. Practice data demonstrated that 1754 appointments were offered to local patients and filled with the dermatologist during 2015, 308 of appointments were attended by patients of the practice. Use of this service avoided patients having to travel to other community clinics and secondary care services.

AW Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to AW Surgeries

Albion House surgery is a long established practice and is the main practice for AW Surgeries, located in the Brierley Hill area of Dudley. There are two surgery locations that form the practice; these consist of the main practice at Albion House Surgery and a branch practice at Withymoor Surgery. There are approximately 17,810 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes nine GP partners, three salaried GPs, seven practice nurses and five health care assistants. There are also four trainee GPs at the practice and two apprentice health care assistants joining the team in April 2016. The GP partners and the business manager form the practice management team and they are supported by deputy practice manager and a team of 14 receptionists and 11 support staff who secretarial and administration roles. There are also a team of four employed cleaners who are supervised by a cleaning supervisor at the practice. All staff members work across both practice surgeries.

The practice is open for appointments between 8am and 6:30pm during weekdays; the practice is open later on Tuesdays and Wednesdays when extended hours are offered between 6:30pm and 8pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

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

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

How we carried out this inspection

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

- Is it safe?

Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 24 March 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. The practice demonstrated a proactive approach to the management of significant events and near misses. We saw a comprehensive log of 100 significant events and incidents that had occurred during the last 12 months. We reviewed a sample of ten significant events and saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, the practice adjusted the appointment system by allocating a dedicated children's hour for the GP on call to ensure that children could always been seen, specifically during peak times in the day. The practice kept a record of trends in relation to significant events, incidents and complaints. The practice used these records to monitor themes and actions on a regular basis.

The practice effectively monitored patient safety alerts; safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken. For example, we saw how reports were conducted and patients were recalled in to the practice in response to a medical device alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) with regards to blood-glucose meters, specifically for patients with diabetes. Additionally, any alerts which were relevant to the practice were logged and treated as a significant event.

Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas. These were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this. Staff told us how learning was shared during these meetings.

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 abuse.

- We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Two of the practices GPs were the lead members of staff for child and adult safeguarding. The GPs attended monthly safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received the appropriate level of training relevant to their role.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff would usually provide a chaperoning service and occasionally a member of the reception team would act as a chaperone. Staff members had been trained on how to chaperone and we saw that all staff members had received disclosure and barring checks (DBS checks). 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.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. There was a protocol in place, we saw records of completed audits and that action was taken to address any improvements identified as a result. Staff had received up to date infection control training and infection control was also included in the induction of new staff.
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.

Good

Are services safe?

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. The practice used an electronic prescribing system. Prescription stationery was securely stored and there were systems in place to monitor the use. All prescriptions were reviewed and signed by a GP before they were given to the patient.
- There was a system in place for the prescribing of high risk medicines. The practice highlighted that they had a large number of patients who were on high doses of specific medicines used to treat conditions such as anxiety. In 2013 the practice adopted a strategy to support patients by appropriately reducing high doses of these medicines. The result was a significant reduction in prescribing rates. Staff also highlighted that over the past five years the practice had been involved with a local shared care scheme to support patients on specific high risk medicines by helping them to reduce their dosage. The scheme also enabled patients to attend the practice for support.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used regular locum GPs to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

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

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines were in date and records were kept to demonstrate that they were regularly checked and monitored.
- The practice had a defibrillator and oxygen with adult and children's masks on the premises. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.
- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments. Practice data highlighted that hospital and accident and emergency admission rates were lower than the national average.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 100% of the total number of points available, with 10% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- Performance for overall diabetes related indicators 100%, with an exception rate of 0%. Staff highlighted that one of the GPs had contributed towards the local framework guidance for the management of diabetes. The GP was also responsible for mentoring other clinicians in the practice to ensure a high standard for the management of diabetes overall.
- The practices mental health register contained a total of 141 patients experiencing poor mental health. QOF performance for mental health related indicators was 100%, with an exception rate of 0%. The practice shared a report which highlighted that most of these patients had care plans in place and 98% of these patients were regularly reviewed, with further reviews planned.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- The practices dementia register contained a total of 104 patients diagnosed with dementia. The practice had also identified that 88 of these patients had other conditions and were additionally included in the practices long term condition register. QOF performance showed that diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. Practice data highlighted that most of these patients had care plans in place and all of these patients were regularly reviewed. Clinical staff also visited all patients on the dementia register at home, in order to offer support and care at the preferred place of the patient.

The practice had a programme of continuous clinical and internal audits. Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The audits demonstrated quality improvement and improvements to patient care and treatment. They also made reference to best practice guidelines including guidance from the British National Formulary (BNF), the National Institute for Health and Care Excellence (NICE) and the Medicines & Healthcare Products Regulatory Agency (MHRA). The practice shared records of six clinical audits; three of these were completed audits where the audit cycle had been repeated, for example:

- We saw that a clinical audit was completed in March 2013 and then repeated in March 2016, regarding a specific hormone progesterone medicine. The audit highlighted that out of 120 cases reviewed, 13 cases were inappropriately prescribed. The audit records highlighted that some of these had been prescribed by trainee GPs and to avoid recurrence, the prescribing of the specific hormone progesterone medicine was incorporated in to the trainee GPs tutorials. The repeated audit highlighted some continued cases of inappropriate prescribing; we saw how prescribing guidelines were discussed along with the audit findings at a clinical meeting shortly after the repeated audit took place.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a weekly basis. The pharmacist assisted the practice with medicine audits and monitored their use

of antibiotics to ensure they were not overprescribing. We saw examples of prescribing audits, including a full cycle audit completed in 2012 and 2013 which demonstrated a reduction in the prescribing of medicines used to treat specific conditions such as depression and anxiety. Most recent national prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

- Further audits were conducted and some of these were due to be repeated. Additional audits included an audit on antibiotics used to treat urinary tract infections, a prescribing audit on New Oral Anticoagulants (NOACs) and an audit on the use of Aspirin, in primary prevention of cardiovascular disease. The practice nurse had also led on an audit to review the use of Ventolin inhalers in patients with asthma.

The practice also distributed satisfaction questionnaires to patients who had received joint injections. Results were shared with the practice through a presentation; we saw records of the presentation outlining the results from the joint injection survey conducted in August 2015. A total of 40 questionnaires were given to patients, the practice received a total of 21 completed questionnaires; this was a response rate of 53%. All patients reported that their joint injections were effective.

Effective staffing

The clinical team had a mixture of enhanced skills including diabetes, drug and alcohol misuse, minor surgery and sexual health. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and customer care. In addition to in-house training, staff made use of e-learning training modules. We saw records which demonstrated how staff received ongoing training and support. Staff received regular reviews, annual appraisals and regular supervision.
- There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the upcoming revalidation of nurses (starting in April 2016). The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- The practice had supported staff members through a variety of training courses. For example, the nurse practitioner had completed a diploma in Cardiology. Further discussions with the practice nurse team demonstrated that they were also supported in attending external training updates, these included updates on child immunisations. The GPs also attended CCG education events on a six weekly basis.

Coordinating patient care and information sharing

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

- The practice had a palliative care register in place and a register of frail patients which included patients who were at risk of falls. We saw minutes of meetings which demonstrated how the two registers were regularly reviewed and discussed to support the needs of patients and their families. The practice had a total of 173 patients on the palliative care register. A report produced by the practice highlighted that 71% of these patients had care plans in place and all of them were receiving regular reviews. The practice had a total of 148 patients on the frailty register. A report produced by the practice highlighted that most of these patients were regularly reviewed and the minutes of the multi-disciplinary team meetings supported this.

Good

Are services effective?

(for example, treatment is effective)

- There were 46 patients on the practices learning disability register. The practice shared a report which highlighted that 64% of the practices patients with a learning disability had a care plan in place, the practice was working on improving this and the team was working on alternative methods to ensure that these patients were also regularly reviewed. The practices learning disability register was created in conjunction with the learning disabilities team from a local specialist learning disability centre. Staff explained that they often scheduled two appointments a week to consistently engage with these patients, however on occasions this was difficult due to missed appointments. To improve this, the practice worked with the local Promoting Health to Mainstream Health Service (PAMS) to find alternative and effective solutions such as visiting these patients at home.

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, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- Practice data highlighted that 2991 patients had been identified as needing smoking cessation advice and support, 2423 patients (81%) had been given advice and 54 patients (2%) had successfully stopped smoking.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. The healthcare assistants also visited patients at home to carry out health checks for older patients and patients who could not attend the surgery. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Practice data highlighted that those appropriately diagnosed with asthma was 98% compared to the national average of 88%. In addition to this, performance for patients appropriately diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was 96% compared to the national average of 89%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 98% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 95% to 98% compared to the CCG average of 93% to 98%.
- The practice's uptake for the cervical screening programme was 80%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 40 year olds was 76% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 58% compared to the CCG and national averages of 58%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a friendly atmosphere throughout the practice during our inspection, we noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations 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 advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

We spoke with five patients on the day of our inspection including a member of the patient participation group PPG). Patients told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as helpful.

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

- 94% said the GP was good at listening to them compared to the CCG average and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

Patients completed 14 CQC comment cards, mostly positive comments were made to describe the service and staff were described as helpful, respectful and friendly.

Care planning and involvement in decisions about care and treatment

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

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

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 38 people who were carers, therefore only 0.21% of the practice list had been identified as carers. The practice had identified this as an area to improve and the business manager had begun researching ways of co-ordinating the voluntary sector and health sector to support patients and carers. Plans included a six month review project of all long term condition and practice frailty registers to ensure that all carers were documented on the practices carers register. There were also plans in place to include the patient participation group (PPG) through organising training session's specific to carers.

The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also displayed information containing supportive advice for carers and signpost information to other services.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice. The practice worked with the local Dudley Council for Voluntary Service (CVS) team to

Good

Are services caring?

help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice shared a report containing five examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. The practice had received positive feedback relating to each patient, highlighted where patients had been offered further support through local education courses and befriending services with Age UK.

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example, the practice had 1214 patients over the age of 75; this was 7% of the practices population. The practice shared a report which highlighted that 1008 of these patients had a long term condition which made up 83% of the practices long term condition registers. There was a dedicated team in the practice who were responsible for specifically working with this age group, they co-ordinated care and continually monitored patients with complex needs, as well as those who were most at risk of admission to hospital, these patients had advanced care plans in place. This team consisted of two practice nurses and a healthcare assistant, with input and support from the practices GPs. We saw records of many case studies which demonstrated joint working with community health care teams, including several recent cases where the practice had worked with community nurses and integrated support services to improve outcomes for elderly patients and vulnerable patients including patients with complex conditions.

The practice recognised that contact with patients over the age of 65 who were classed as healthy and did not have a long term condition was sometimes infrequent and therefore were working making regular contact with these patients. Staff explained how they were in the process of contacting their patients over the age of 65 who had not attended the practice in the last year; these patients were being invited to the practice for a health check.

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available those with serious medical conditions and for children. The practice had a dedicated children's hour at 8:30am and 3:30pm for on call GPs to see children who for example, woke up unwell or were collected from school unwell. Staff explained that due to the popularity of this, appointments were increased to six morning appointments and six afternoon appointments for the GP on call to see children during this appointment window. Children under the age of five were also seen as a priority. Staff explained that afternoon appointments were assigned to other patients, if not booked for children by 4pm and practice data highlighted that 95% of these appointments were for children under the age of five. This demonstrated that the practice rarely needed to reassign unfilled children's appointments and that patients were making effective use of this particular service.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- The practice offered extended hours on Tuesdays and Wednesdays.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered minor surgery to registered patients and for patients who were locally referred from their own GP.
- An in-house dermatologist worked with the practice on a weekly basis to offer general dermatology services. Practice data demonstrated that 1754 appointments were offered to local patients and filled with the dermatologist during 2015, 308 of appointments were attended by patients of the practice. Use of this service avoided patients having to travel to other community clinics and secondary care services.
- There were disabled facilities and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system. However, the practice did not have a hearing loop in place. The business manager explained that they had no deaf patients and few patients who were hard of hearing and that these patients usually attended the practice with a relative or a carer for support. The business manager advised that this was going to be

discussed as part of the next patient participation group (PPG) meeting whereby the need to install a hearing loop would be assessed, we saw a live action plan in place to support this.

Access to the service

The practice was open for appointments between 8am and 6:30pm during weekdays, the practice was open later on Tuesdays and Wednesdays when extended hours were offered between 6:30pm and 8pm. Pre-bookable appointments could be booked six to eight weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 highlighted lower than average response rates with regards to access to the service:

- 30% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 48% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 68% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 58% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The practice had completed a thorough review of the results from the national GP patient survey. We saw that a business case had been developed which incorporated such areas for improvement including appointment access, waiting times and effective utilisation of clinical staff. Some of the improvements made in practice included a recent development of a practice call centre to improve telephone access, the introduction of telephone consultations, a dedicated children's hour to offer further support to children during peak times and also a triage system to support effective patient care. Additionally, the practice had increased the capacity of the nursing team and there were ongoing plans to restructure clinics to ensure better use of clinical time.

The practice was also working with the local pharmacist to educate patients through the pharmacy first scheme; this was to help patients identify where they could seek advice from a pharmacist instead of attending an appointment with the GP for minor ailments. We saw that future plans were also in place to further improve access for patients, plans included the upcoming relaunch of the practice website to improve online booking facilities. Staff explained that the new website would also play host to a practice intranet system as well as an online translation service so that patients could access information in a variety of languages.

The patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. Some of the comment cards commented that previously it was hard to access appointments over the phone. On the day of our inspection patients commented that if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations.

Listening and learning from concerns and complaints

There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. We saw information available in the reception area and on the practice website which guided patients to speak with the business manager if they had any concerns or complaints. The practice continually reviewed complaints to detect themes or trends. The practice shared records of the 60 complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. We saw that learning from complaints was regularly discussed in monthly meetings.

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 practices vision was to provide high quality holistic care to patients as part of a patient-centred organisation. We saw a set of aims and objectives and an overarching practice mission statement which aligned with the overall vision of the practice. We spoke with 12 members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and involved in the practices plans. Staff demonstrated a commitment to providing a high quality service that reflected the practices vision, there was also a strong theme from conversations with staff that highlighted how passionate staff members were with regards their individual roles and the practice overall.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.

- There was a clear staffing structure with a number of supporting records in place to demonstrate a well organised and structured team. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- There was a systematic approach to working with other organisations to improve patient care and outcomes.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including diabetes, palliative care, family planning, child health and mental health as well as non-clinical leads in business management, practice management, prescriptions and data coordination. The information staff collected was then collated by the business manager to support the practice to carry out service improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practices intranet.
- There were robust arrangements for identifying, recording and managing risks. For example, we saw a range of comprehensive risk assessments in place where risk was monitored and mitigated. These included risk assessments regarding medication reviews during a transition period when the practices electronic prescribing system was installed at the end of February 2016. We also saw risk assessments for the storage and use of liquid nitrogen used for cryotherapy and risks were also factored in to the premises evacuation plans and business continuity plan to ensure risk was managed in the event of an emergency.

Leadership, openness and transparency

The GP partners and the business manager formed the management team at the practice; they were also supported by a long term deputy practice manager. The team encouraged a culture of openness and honesty. They were all visible in the practice and staff commented that the management team were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with any member of staff in the practice.

Practice staff attended a range of meetings on a regular basis including monthly practice meetings, dedicated complaints and significant event meetings and multidisciplinary meetings. In addition to these the practice also held a twice yearly strategy meeting. We saw records produced from the last strategy meeting in December 2015 where topics such as business management and new methods of working were discussed. The business manager was able to regularly engage with other practice managers through attendance at the Dudley practice manager alliance (DPMA) meetings and the deputy practice manager had recently joined the meetings as part of the local practice management team.

We spoke with a member of the nurse team who had been awarded with a practice nurse of the year award hosted by the Royal College of Nursing (RCN) and NHS England. The management team recognised staff innovation and hard work. And during our inspection staff we spoke with highlighted that that they were proud of this achievement.

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

Are services well-led?

Good

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which met every month and consisted of 18 members, including a PPG treasurer, a PPG chair and a PPG secretary. We saw a range of PPG meeting minutes, newsletters, surveys and action plans in place which demonstrated how the group interacted with other organisations and influenced practice development. We spoke with a member of the PPG as part of our inspection who shared some of the recent improvements implemented by the PPG. Improvements included funding for a new door at the main practice (Albion House) to allow for easier access for people with pushchairs and for wheelchair users. The PPG member also explained how the PPG were also involved with the interview process for medical students at the practice, where students were allocated time with the PPG to discuss topics such as recent PPG updates and patient experiences.

Continuous improvement

The practice had been involved in undergraduate medical training since the late 1960s, providing placements for medical students from Birmingham University. In 1988 the practice became part of the Dudley General Practice Vocational Training Scheme and began accepting postgraduate trainee GPs. A large number of GPs trained at the practice and went on to providing primary care services both locally and outside of the local borough. Several of the trainee GPs were recruited as salaried GPs and eventually became partners at the practice. In addition to postgraduate GP training, the practice joined a community based medicine scheme for medical undergraduates at Birmingham University in 2001, whereby the practice participated in five years of medical undergraduate student training and as a result became an approved university teaching practice and the practice tutors gained accreditation as Honorary Clinical Lecturers. Additionally, one of the GPs was a lead trainer in family planning for the Dudley area and regularly mentored other GPs in this specialism.

The practice was one of the lead practices in the area for the Dudley outcomes for health framework. Part of the framework project involved the practice piloting a new local long term conditions framework for the future. The practice shared compressive strategy plans which included a thorough analysis of the practices long term condition registers. The analysis highlighted that many of the practices patients with a long term condition had multiple comorbidities. For example, data from January 2016 highlighted that 5528 of the practices patients had a long term condition and 59% of their hypertensive patients had at least one other condition. For cardiac patients (including patients with atrial fibrillation, chronic heart disease and heart failure) 86% had at least one other condition. Additionally, 32% of their patients on the practices depression register had at least one other condition and 80% of the practices diabetic patients had at least one other condition. The practice identified the need to change from a reactive appointment system to a proactive holistic patient approach, the involvement with the long term conditions framework highlighted future improvements in appointment access and more effective use of appointments for both patients and the practice.

Members of the management team held a number of outside posts. For example, one of the GPs was an associate dean for the Black Country as well as programme director for postgraduate GP training in the local area. The GP explained how this role positively impacted on the practice through the development of advanced leadership skills, awareness and knowledge of changes to NHS policy and innovation. Additionally, one of the GPs was a board member of the Dudley CCG and Clinical Executive for Quality, the practice were therefore able to see a whole breadth of care provided across the local health economy from multiple providers. This enabled the GP to share examples of best practice through the role as the CCGs Clinical Executive for Quality. Examples applied to the practice included improving access through the implementation of telephone consultations and home visit triage and good practice ideas were shared in return with other providers, including the practices dedicated children's hour for child time-friendly appointments.

The practice were also exploring ways of identifying further patients who may be in need of extra support, this included identifying any ex-military patients through a veterans health initiative.

The veteran's health initiative was developed by one of the practices GPs and research in to this area was conducted through their role as associate dean for the Black Country. The GP explained how the Royal College of General Practitioners (RCGP) had recently incorporated the subject

Are services well-led?

Good

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

of veteran health to the postgraduate GP curriculum and that all trainee GPs were building on knowledge in this area of study. The GP had also worked with the Dean of Army Medical Services and hosted a study day for trainee GPs in the West Midlands to raise awareness on the support needs of ex-service personnel. The practice shared examples of how they had offered support to one of their ex-military patients and how the patient was able to share experiences with their third year medical students as part of their training and learning process.