

The Keys Family Practice

Quality Report

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Date of inspection visit: 13 December 2016
Date of publication: 02/03/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	14
Background to The Keys Family Practice	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Keys Family Practice on 5 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in most areas, with the exception of systems for monitoring locum recruitment checks and systems in place for managing pathology results. Following the inspection the practice provided evidence of where they had gained assurance that appropriate recruitment checks for locums had been carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical

audits demonstrated quality improvements and staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Although the practice's performance relating to national screening was below local and national averages in some areas the practice demonstrated actions taken to increase breast and bowel cancer screenings.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients are able to access appointments and services in a way and at a time, that suits them, with urgent appointments available the same day. Results from the July 2016 national GP patient survey showed that patients were satisfied with how they could access care and treatment.

Summary of findings

- The practice demonstrated innovative approaches to providing integrated care. For example, the practice provided a contingency service to manage the overflow of patients accessing urgent care services during the 2015 Christmas period.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Clinical staff attended local community venues to provide basic life support training.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. There were clear systemic processes in place and a strong learning culture with development opportunities for all staff. The practice was well organised and made full use of their resources to respond to population needs. We saw areas of outstanding practice which were:

- The practice effectively used media and work with other health care professionals to respond to the needs of specific patient population groups to support the promotion of health needs such as self-directed diabetes care and management. The practice identified a high prevalence of registered Punjabi patients diagnosed with diabetes. The practice secured funding with Walsall CCG and worked closely

with the community diabetes services and a National TV channel to develop an educational program for patients regarding diabetes care. The programme was developed in mixed English and Hindi languages to reach out and capture wider audiences such as Hindi, Punjabi and Urdu speaking audiences. We were told that the programme was now used by the community diabetes service when delivering educational events.

- The practice proactively worked with community services such as the local fire service to offer vulnerable patients safe and well visits and delivered basic life support training to children and adults in local community settings.

The areas where the provider should make improvement are:

- Consider in the absence of infection control training how non clinical staff maintain up to date knowledge to enable them to fulfil the requirements' of their role.
- Continue exploring ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.
- Consider how assurance is gained and recorded from agencies to demonstrate that appropriate recruitment checks are in place for all locum GPs.
- Ensure roles are defined and accountability made clear to enable effective management of pathology results.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. The practice provided examples of where lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed, well managed, and monitored, with the exception of locum GP recruitment. Following the inspection the practice provided evidence of appropriate recruitment checks which had been carried out by an external agency.
- The practice operated effective systems for managing and responding to safety alerts such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national averages. However, there were variations in national screening programme performance. For example, the uptake of breast and bowel cancer screening were below local and national averages
- Staff assessed needs and delivered care in line with current evidence based guidance. However, the management of pathology results were not effectively operated.
- Clinical audits demonstrated quality improvement.
- All staff we spoke with had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients we spoke with during the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- However, patients felt that access to a female GP was limited and the regular use of locum GPs affected their continuity of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Patients felt that the practice had made improvements to ensure staff communication with patients remained mainly positive.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice secured funding to record a television health education programme in conjunction with the community diabetes team to raise patient awareness.
- There were areas where the practice demonstrated innovative approaches to providing integrated care. For example, the practice acted as a contingency service to manage the overflow of patients accessing urgent care services during the 2015 Christmas period. The practice engaged with the local fire service to offer vulnerable patients safe and well visits.
- Patients were able to access appointments and services in a way and at a time, that suited them. For example, the practice offered late appointments and patients could be seen on Saturdays. Results from the July 2016 national GP patient survey showed that patients were satisfied with how they could access care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Whilst recruitment checks for locums had been completed by an external agency the practice were unable to demonstrate an effective system to confirm this and the management of pathology results were not effectively operated.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had recently been re-established we saw that the group was active and the practice was actively promoting engagement.
- There was a strong focus on continuous learning and improvement at all levels. We also saw a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. A dedicated hotline number was shared with care homes, ambulance services and carers for ease of access.
- The practice worked with community colleagues such as community matron, hospital admission avoidance nurse practitioner and trained nurses at local nursing homes to manage the care of older patients.
- The practice worked closely with the local fire service who attended the practice flu campaign days where elderly patients were offered free fire inspections at their home and provided patients with smoke detectors.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK. Data provided by the practice showed that 88% of patients aged over 75 received a health check in the last three years.
- The practice was accessible to those with mobility difficulties.
- The pharmacy team carried out medication reviews to reduce polypharmacy (the use of four or more medicines).

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall performance for diabetes related indicators was above local and national average. For example, 99% compared to CCG average of 93% and national average of 90%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long-term conditions including spirometry, phlebotomy and followed recognised asthma pathways.
- The practice also operated a weekly clinic to monitor patient prescribed specific high-risk medicines such as Warfarin (a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries).
- The practice worked closely with Walsall CCG community diabetes services and a National TV channel to develop an educational program for patients regarding diabetes care. We were told that the programme is now used by the community diabetes service when delivering educational events. 2014/15 overall performance for diabetes care showed that the practice achieved 100%, 2015/16 data showed an overall achievement of 99%.
- Data provided by the practice showed that 71% of patients with a long-term condition received a flu vaccination in the past two years.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Patients attending for their eight-week baby checks were seen by the GP prior to immunisation clinics. Patients who missed these appointments were closely monitored and referred to the Health Visiting Team.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast-feeding.
- Staff we spoke with was able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 90%, which was above the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A full range of contraceptive services were available along with referrals to family planning clinics. Staff we spoke with were able to demonstrate the use of Gillick competencies (a framework used to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge) when prescribing to under age patients.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For accessibility, telephone consultation appointments were available. Extended weekday evening clinics as well as Saturday morning appointments for patients who could not attend during normal weekday opening hours were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Following consultations with patients, 30% of appointments were kept for on the day booking. Data from the July 2016 national GP patient survey indicated that the practice was above local and national average regarding phone access and opening times.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Longer appointments were available for patients with a learning disability.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 2% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients with dementia. Nationally reported data for 2015/16 showed 90% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months. This was above the local and national average.
- Nationally reported data for 2015/16 showed comprehensive, agreed care plan documented in the preceding 12 months. This was above the CCG and national average, with a 6% exception reporting rate.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of patients experiencing poor mental health, including those with dementia. The practice was able to access a consultant psychiatrist via phone to discuss cases and we saw evidence of MDT meetings, which took place within the practice.

Good



Summary of findings

- The practice offered flexible access to a practice based mental health worker who carried out referrals to psychological therapies.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and there were a designated lead responsible for this population group.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages in most areas. 341 survey forms were distributed and 101 were returned. This represented a 30% completion rate.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 73% of patients said they would recommend this GP practice 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 received 25 comment cards which were mainly positive about the standard of care received. Comments referred to staff as caring, helpful, polite and respectful. However, there were four less favourable comments relating to appointment availability, feeling rushed and not listened too during consultations.

We spoke with eight patients during the inspection. Patients' feedback were mainly positive; for example, patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider in the absence of infection control training how non clinical staff maintain up to date knowledge to enable them to fulfil the requirements' of their role.
- Continue exploring ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.

- Consider how assurance is gained and recorded from agencies to demonstrate that appropriate recruitment checks are in place for all locum GPs.
- Ensure roles are defined and accountability made clear to enable effective management of pathology results.

Outstanding practice

The practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. There were clear systemic processes in place and a strong learning culture with development opportunities for all staff. The practice was well organised and made full use of their resources to respond to population needs. We saw areas of outstanding practice which were:

- The practice effectively used media and work with other health care professionals to respond to the

needs of specific patient population groups to support the promotion of health needs such as self-directed diabetes care and management. The practice identified a high prevalence of registered Punjabi patients diagnosed with diabetes. The practice secured funding with Walsall CCG and worked closely with the community diabetes services and a National TV channel to develop an educational program for patients regarding diabetes care. The programme was developed in mixed

Summary of findings

English and Hindi languages to reach out and capture wider audiences such as Hindi, Punjabi and Urdu speaking audiences. We were told that the programme was now used by the community diabetes service when delivering educational events.

- The practice proactively worked with community services such as the local fire service to offer vulnerable patients safe and well visits and delivered basic life support training to children and adults in local community settings.

The Keys Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, the team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Keys Family Practice

The Keys Family Practice is located in Willenhall, West Midlands. The Keys Family Practice is part of Phoenix Primary Care, which is a general medical services provider comprising of 12 GP practices operating in the Midlands, Bedfordshire and Herefordshire. Phoenix merged with The Practice Group in May 2016.

Based on data available from Public Health England, the levels of deprivation in the area served by The Keys Family Practice are below the national average, ranked at two out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Based on Public Health England data the estimated ethnicity of the practice patient population are 4% mixed, 12% Asian, 3% black and 1% other non-white ethnic groups.

The practice population group from birth to ages 85 plus were comparable to local and national averages for most age groups. For example, 9% of patients' registered were aged from birth to four years old compared to CCG average of 7% and national average of 6%. 15% of patients were aged 65 plus compared to local and national averages of 17%.

The patient list is approximately 4,700 of various ages registered and cared for at the practice. Services to patients are provided under a Personal Medical Services (PMS) contract with the Clinical Commissioning Group (CCG). PMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery 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 surgery is situated on the ground floor of a multipurpose building shared with other health care providers. Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises three salaried GPs, one female and two male, two practice nurses, two Health Care Assistant, one practice manager and a team of administrative staff.

The practice is open between 8am and 8pm Mondays and Thursdays, between 8am and 6.30pm Tuesdays, Wednesdays and Fridays; and between 8am and 12pm on Saturdays.

GP consulting hours are from 8.15am to 7.10pm on Mondays, Wednesdays and Fridays, Tuesday's consulting hours are from 8.15am to 6.30pm and Thursdays are from 8.15am to 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by NHS 111 and Walsall Urgent Care Centre.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. During our visit we:

- Spoke with a range of staff such as GPs, members of the nursing team, members of the administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice were proactive in reporting incidents and had recorded a total of 37 incidents within the last 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a designated clinical lead responsible for reviewing and monitoring significant events to ensure they were acted on as appropriate. Lessons from incidents and significant events were routinely shared through clinical meetings and staff we spoke with were able to provide examples of incidents that had been discussed and acted on.
- The practice carried out a thorough analysis of the significant events and we saw clear evidence to support that patients received a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice took appropriate action and made changes to internal systems and processes as a result of significant events. For example, following an incident associated with delays in receiving secondary care appointments, the practice discussed the importance of managing post and correspondence in a timely manner. Additionally, members of the management team informed staff to ensure instructions from secondary care were followed up appropriately.

There was a designated lead responsible for reviewing and disseminating safety alerts such as medical device alerts and alerts from the Medicines and Healthcare products

Regulatory Agency (MHRA). Staff explained that alerts were discussed in meetings and also with the pharmacy team; these were all documented with evidence of action taken. For example, we saw that appropriate searches had been carried out to identify patients in receipt of two specific medicines. As a result of the search, we saw that identified patients were contacted and the practice took appropriate actions to minimise the risk of potential interaction between the two medicines.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom 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. Management staff provided evidence of meeting minutes and explained that the GPs always provided reports where necessary for other agencies.
- Conversations with staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child and adult safeguarding level three. Nurses had received level three safeguarding training for children and vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS 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 maybe vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection

Are services safe?

prevention teams to keep up to date with best practice. There was an infection control protocol in we spoke with were able to explain how they maintained standards of cleanliness and hygiene.

- Annual infection control audits were undertaken by an external infection control specialist. An infection control audit carried out within the last 12 months showed that the practice had scored 91% and we saw evidence that action was underway to address any improvements identified as a result. For example, the practice had access to clinical gloves and aprons however, were awaiting delivery of dispensers.
- The recording and monitoring of vaccination fridge temperatures we viewed demonstrated that these were in line with Public Health England guidance. We saw that vaccination fridges were secure and well ventilated.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. Prescription stationary including blank prescription forms and pads were securely stored and there were effective systems in place to monitor their use.
- The practice received support from the local CCG pharmacy team once a week who carried out regular medicines audits to monitor efficiency and ensure prescribing was in line with best practice guidelines for safe prescribing. The practice participated in the CCG improvement scheme for medicines optimisation (a scheme aimed at encouraging and rewarding GP practices to improve prescribing to further enhance quality, safety and effectiveness) there was evidence of where the practice achieved set prescribing targets. For example, data provided by the practice showed that the practice achieved 100% for the prescribing incentive scheme and were below local averages for antibiotic prescribing. The management team explained that the practice were in discussions with a local pharmacy with a view of accessing more pharmacist support.
- One of the nurses was training to become an Independent Prescriber with a view of prescribing medicines for specific clinical conditions. Patient Group

Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- We reviewed three personnel files and found 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. However, when asked management were unable to provide evidence of where they had gained assurance that appropriate recruitment checks had been carried out for locum GPs. Staff explained that locums were known to the practice and used across Phoenix Group. Following the inspection the practice provided evidence of a statement of compliance regarding the employment of locum medical practitioners. This included confirmation of appropriate recruitment checks had been carried out by an external agency.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- Electrical equipment was checked by a professional contractor to ensure they were safe to use and clinical equipment was checked to ensure it was working properly. We saw that labels were attached to electrical equipment, which evidenced that they had been checked within the last 12 months.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Management told us that locums were used to cover busy periods and holidays; for example, we were told that a total of 98 sessions were covered by locum GPs in the last 12 months.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice kept a wide range of emergency medicines which were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff we spoke with were able to access copies of the plan and we were told that copies were also kept off site. Staff discussed examples of when they had to take action in line with the continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date with evidence based and nationally recognised guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Members of the nursing team we spoke with demonstrated on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes. Staff explained that they received updates from diabetes and asthma UK; staff had online access to the British National Formulary online (a publication, which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Regular clinical meetings were held to enable the clinical staff to discuss and share best practice and some of the more complex cases they had seen.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available; this was above the national average of 95%.

Exception reporting for clinical domains (combined overall total) was comparable to CCG and national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to

attend a review meeting or certain medicines cannot be prescribed because of side effects). For example, the practices overall exception rate was 8% compared to CCG average of 8% and national average of 10%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall performance for diabetes related indicators was above the CCG and national average. For example, the practice achieved 99% compared to CCG average of 93% and national average of 90%.
- 100% of patients with diabetes diagnosed with chronic kidney disease were treated with appropriate medicine, compared to CCG average of 95% and national average 92%. Exception reporting rates were 15%, compared to CCG average of 11% and national average of 13%.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, 90% had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 89%.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 100%, compared to CCG average of 99% and national average of 98%; with a zero percent exception reporting rate.
- Exception reporting rates for peripheral arterial disease (a build-up of fatty deposits in the arteries restricting the blood supply to the leg muscles) was 27%, compared to CCG average of 5% and national average of 6%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using recognised methods was 94%, compared to CCG average of 92% and national average of 90%.
- 91% of patients with asthma had a review in the preceding 12 months, compared to CCG average of 76% and national average of 75%.

Staff we spoke with told us that designated staff monitored QOF domains. They told us that they would only exception report after all options had been explored and we saw evidence to support this. Inbuilt alerts within patient electronic medical records prompted actions such as booking patients in for

Are services effective?

(for example, treatment is effective)

reviews; we were told that the practice used this to ensure every patient contact counted. We were told that staff were contacting patients who were overdue QOF related reviews. The practice's approach was to send three letters of invitation for a review to patients and operated a call and recall system. For example, staff we spoke with explained that the practice had identified that 60% of patients diagnosed with diabetes were seen between January and November 2016. We were told that the practice had plans in place which involved working with the diabetes team to explore opportunities to improve patient engagement.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the lead GP attended an educational event regarding the management of patients with Atrial Fibrillation (an irregular and sometimes fast pulse). As a result, the practice carried out a search to ensure patients were being managed appropriately. Data provided by the practice showed that 86% of patients were appropriately managed. The practice contacted patients and carried out reviews to ensure those prescribed aspirin were prescribed appropriately with reasons and decisions clearly documented. Following a re-audit the practice demonstrated that they had achieved 100% in the management of this patient group.
- The lead GP attended Walsall CCG locality meetings and participated in local audits, benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included; safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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 and medical records. Members of the management team explained that investigations and test results were seen by an on call duty GP each day. With the mixture of locum and salaried GPs used to cover clinics, staff we spoke with were unable to provide assurance that roles had been defined and a clinical lead accountable for pathology results had been established.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice operated a referral tracking system, which were managed by the practice secretaries. Staff explained that the process also involved pro-actively contacting patients to check they had attended the arranged appointment.

Staff worked together and with other health and social care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes which demonstrated that the practice were following Gold Standards Framework multi-disciplinary team meetings for patients with end of life care needs. (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life).

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided access to services such as family planning, health promotion, healthy lifestyle and coronary heart disease clinics. They made use of health trainers, smoking cessation and weight management services.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), patients with Bowel Cancer and patients with learning disability. There were specific clinics for vulnerable patients; for example patients on the learning disability register.

- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.

The practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 73% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 30% compared to CCG average of 67% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 50%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 48%, compared to CCG average of 73% and national average of 74%.

Staff explained that they received notifications regarding patients who had not returned their blood testing kits for bowel cancer. We were told that staff proactively contacted patients via phone and sent out letters. The letter included information leaflets and the offer to meet with a clinician for further discussion if appropriate. We were also told that when patients attend the surgery for general health related reasons the practice opportunistically discussed the benefits of screening programmes.

Childhood immunisation rates for the vaccinations given were above CCG and national averages in most areas. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100%, compared to CCG average of between 74% to 99% and national averages of between 73% to 95%.

Are services effective?

(for example, treatment is effective)

Immunisation rates for vaccinations given to five year olds ranged from 77% to 100%, compared to CCG averages of between 75% to 99% and national averages of between 81% to 95%.

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

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff we spoke to explained that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a pleasant and accommodating service. Patients felt that staff were helpful, caring and treated them with dignity and respect. Although there were seven less positive comments relating to appointment availability and staff attitudes patients felt that, the practice had made huge improvements and felt that staff were more friendly.

We spoke with eight patients during our inspection who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, patients commented on the continuity of care due to the amount of locum GPs used. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

The practice were aware of the GP survey data, and we saw meeting minutes where the practice had analysed the results. Staff we spoke with told us about action which had been taken to improve survey results. For example, following patients concerns that they were finding it difficult to get through to the practice via phone between 12pm and 2pm the practice were in the process of implementing a new telephone system in order to improve phone access. We were also told that staff were directed to online customer care training in order to improve patient's satisfaction relating to the helpfulness of receptionists.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients mainly responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 76% of patients 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%.

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and staff were able to demonstrate how they accessed external translation services.
- Information leaflets were available in easy read format and fact sheets were available in a wide variety of languages via the practice web site.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations, for example counselling and wellbeing services. Links to Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 99 patients as carers (2% of the practice list). Staff we spoke with told us that carers on the practice register had access to annual health checks, flu vaccinations and a stress levels review. Data provided by the practice showed that 48% received a health check and 71% had a flu vaccination in the past two years. Written information was available within the reception area to direct carers to the various avenues of support available to them.

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 to provide advice and information on how to find and access support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice is involved in the development of Walsall Palmaris Federation (a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local community). One of the GPs had clinical lead roles within Walsall CCG. Staff explained that the practice identified a high prevalence of registered Punjabi patients diagnosed with diabetes. Following feedback from patients regarding raising awareness, the practice approached Walsall CCG and secured funding to record a television health education programme in conjunction with the community diabetes team. The programme was developed in both English and Hindi language to reach out to capture wider audiences such as Hindi, Punjabi and Urdu speaking audiences. We were told that staff were now signposting patients to an online link to the programme and the community diabetes team were using the programme as part of their educational seminars where they trained patients to self-manage their diabetes.

- The practice offered extended opening times on Mondays and Thursdays from 6.30pm to 8pm for patients who could not attend during normal weekday opening hours. Appointments were also available on Saturdays from 8am to 12pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice. A dedicated hotline number was issued to carers of vulnerable patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as a yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).

- There were disabled facilities and the premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient record system.
- Patients with no fixed abode were able to register at the practice and we saw practice policies and procedures to support this.
- A range of diagnostic and monitoring services including spirometry, electrocardiographs, phlebotomy and pre-diabetes checks. The practice operated a weekly nurse led clinic to monitor registered and non-registered patient prescribed Warfarin (a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries).
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. Data provided by the practice showed that 53% of patients receiving support for drug or alcohol dependency had care plans in place, received a medication review and had a face to face review in the past 12 months.
- During the practice flu vaccination campaign the fire service were invited to offer vulnerable patients safe and wellbeing visits, smoke alarms and signposting to other community support services. The lead GP also provided basic life support training to the local community; we were told that 25 people attended the training and ages ranged from five to 65. Staff explained that as a result of the training the location where the training had been held decided to purchase a defibrillator.
- Members of the management team told us that as the practice is located between two secondary care services the practice acted as contingency service to help manage the overflow of patients accessing urgent care services during the 2015 Christmas period. We were told that patients were booked in and seen by the practice. Calls from Walsall urgent care centre were also directed to the practice where they carried out triage.

Access to the service

The practice is open between 8am and 8pm Mondays and Thursdays, between 8am and 6.30pm Tuesdays, Wednesdays and Fridays. Out of hours services were

Are services responsive to people's needs?

(for example, to feedback?)

provided by NHS 111 and Walsall Urgent Care Centre. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; for example, posters displayed and summary leaflet available. Information were also available via the practice web site.

We looked at three complaints received in the last 12 months and found satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons were learnt from individual concerns and complaints and from analysis of trends and action were taken as a result to improve the quality of care. Documentations demonstrated that patients had received an apology; and plans were agreed and implemented to reduce the risk of the same thing happening again. For example, the practice discussed with staff the need to check when specific vaccinations were due before booking appointments.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff we spoke with during the inspection knew and understood the values.
- The practice had a strategy and supporting business plans, which reflected the vision and values and were regularly monitored. Members of the management team explained that the merger with the Practice Group had provided more back office function support such as access to a support centre which consists of a HR Department, training academy clinical and information governance as well as support for surgery clinical systems.

Governance arrangements

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

- There was a clear staffing structure with well-established lead roles in most areas. Staff we spoke with was aware of their own roles and responsibilities.
- The process for reviewing pathology results were allocated to a GP on a daily basis. With the mixture of locums and salaried GPs used to cover clinics the practice did not establish a lead person responsible for monitoring pathology results. Although on the day of the inspection we saw that results had been seen and actioned appropriately the process did not ensure that GPs who initially requested results remained responsible for reviewing and following up on any required actions.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. For example, the practice used clinical system reports to monitor the volume of missed appointments and the impact of patient growth.

Data provided by the practice showed that following effective monitoring of appointments and proactively contacting patients on their appointment day had reduced missed appointment rates from 10% to 8%.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were systems in place to monitor and increase the uptake of national screening programmes.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The inspection the practice provided documentation which confirmed that appropriate recruitment checks had been carried out.

Leadership and culture

On the day of inspection the management team and lead GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told that safe, high quality and compassionate care were prioritised. Staff we spoke with during the inspection told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

The management team were able to demonstrate effective governance arrangements and a culture of learning on a wider scale in order to improve the quality of care provided. For example; the practice worked collaboratively with other

Are services well-led?

Good 

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

practices within the partnership group where learning from past inspections were shared. As a result during the inspection we saw improved processes and systems which were operated effectively.

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

- Staff told us the practice held regular team meetings and we saw minutes of meetings to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Members of the management team explained that as a result of a 4% growth in patient list size the practice were actively reviewing the impact on work related administration activities and using this information to ensure the practice maintained the right level of resources to manage workloads effectively. We saw that staffing levels were discussed as part of practice managers meetings.
- Staff said they felt respected, valued and supported. 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Staff explained that the patient participation group (PPG) had been re-established recently and the practice held their first meeting in December 2016. Staff we spoke with said there were seven PPG members and the first meeting included a discussion on how the group would work within the practice and presentations from the pharmacy team. We saw notices in the reception area promoting future meetings which were scheduled to take place every three months and staff explained that the practice were in the process of developing a virtual PPG. Staff advised that the practice changed the times where patients were able to request repeat prescriptions following patient feedback. Staff explained

that this improved phone access as patients often found it difficult to get through via phone during times when repeat prescriptions were being requested. The practice were also looking into introducing a greater female clinical skill mix and there were plans to include an advanced nurse practitioner to the clinical team.

- The practice had gathered feedback from staff generally 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. For example, staff explained that the management team increased appointment times allocated for administering immunisations as staff felt that they did not have sufficient time to fit in immunisations into one appointment. GPs were also seeing babies for their eight-week baby checks prior to the immunisation clinics which reduced the nurse's workload. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice offered protected learning time for staff members and all GPs were required to attend a minimum of eight out of 10 continual professional development (CPD) club events per year.

The practice developed a get into medical school project where GPs supported potential medical students who were interested in applying to medical school by assisting them with the application process and discussing various skills such as effective communication and interview techniques. The practice demonstrated where this support had resulted in students successfully securing a place in medical schools. We were told that due to the success the initiative would be rolled out across Walsall for other local GPs within the locality as a volunteer project. As part of the practice future development plans there were aims to become a training practice as members of the clinical team were approved as clinical trainers and the practice was arranging a deanery visit (a regional organisation responsible for postgraduate medical training).

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the

Are services well-led?

Good 

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

area. For example, the practice was actively involved in the development of Palmaris Federation with a focus to provide appropriate services in the community through hub based centres.

The lead GP used local media to reach out to the local community. For example, the practice developed a programme to raise awareness of diabetes. Staff explained

that there were future plans to further extend this to promote national screening services and childhood immunisations. The practice worked in collaboration with local services such as the local fire brigade to respond to the needs of vulnerable patients and visited local community centers to deliver basic life support training to children and adults.