Woodway Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodway Medical Centre on 20 January 2017. Overall the practice is rated as good.

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

- The practice had an effective system for dealing with patient safety alerts. We checked a sample of recent alerts and found that the practice had taken action.
- The practice had systems and processes in place to safeguard patients from abuse.
- The practice had a system to report and record incidents and significant events. Changes were implemented to prevent incidents happening again.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if appropriate. Patients received a written apology within a reasonable timeframe.
- Staff accessed to up to date evidence based guidance. This information was used to deliver care and treatment that met patients' needs.
- Performance for diabetes related Quality Outcomes Framework indicators was significantly higher than local and national averages. The GP partners explained that the practice had introduced a structured programme of diabetic care in the 1990s. Local data also showed that the practice had high performance for achieving recommended diabetes treatment standards and care processes.
- Staff demonstrated they had the knowledge and skills they needed to provide effective care and treatment, but we did see gaps in training for chaperoning and ensuring the practice nurse was up to date with safeguarding training.
- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patient satisfaction was above average. Patient comment cards collected in the two weeks prior to the inspection were all positive about the standard of care delivered.

Summary of findings

- On the day of the inspection we saw that staff were friendly and helpful to patients and treated them with dignity and respect.
- Information was available to help patients understand the complaints system. There was a designated complaints lead and the practice shared details of complaints and learning points with staff to improve services.
- There were no female GPs employed by the practice. The practice did use a female locum when required, and placed a sign in reception to inform patients of the dates when the female locum would be available, but this was not a regular arrangement.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that non-clinical staff who act as chaperones receive training for the role and are aware of their responsibilities.

In addition the provider should:

- Review staffing arrangements to ensure patients have adequate access to a female GP when required.
- Ensure infection control audits are repeated at the regular intervals.
- Ensure health and safety risk assessments for the premises are maintained.

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?

Requires improvement

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

- The practice had systems and processes to safeguard patients from abuse.
- Non-clinical staff who acted as chaperones had not received training for this role. From discussions with staff we found that they had not been standing in the correct position during chaperoning.
- The practice's previous annual infection control audits were of a high standard, but the repeat audit due in August 2016 had not been carried out to ensure any new risks were identified.
- There was no evidence of a recent health and safety premises risk assessment having been carried out. A health and safety premises risk assessment was provided on the next working day following the inspection and scheduled for annual review.
- The practice had an effective system for dealing with patient safety alerts. We checked a sample of recent alerts and found that the practice had taken appropriate action.
- Arrangements were in place to deal with all aspects of prescribing and managing medicines.
- The practice had a system to report and record incidents and significant events. Changes were implemented to prevent incidents happening again.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if appropriate. Patients received a written apology within a reasonable timeframe.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff accessed to up to date evidence based guidance. This information was used to deliver care and treatment that met patients' needs.
- Clinical audits were used to improve the quality of patient care.
- Staff demonstrated they had the knowledge and skills they needed to provide effective care and treatment, but we did see gaps in training for chaperoning and ensuring the practice nurse was up to date with safeguarding training.
- We observed that staff communicated well as a team and we saw evidence of annual appraisals

Summary of findings

- The clinical team liaised with healthcare professionals from external services to understand and meet patients' needs.
- The service met with its obligations regarding consent and confidentiality.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patient satisfaction was above average.
- On the day of the inspection we saw that staff were friendly and helpful to patients and treated them with dignity and respect.
- The practice had attempted to set up a Patient Participation Group (PPG), and we saw minutes of a meeting held in November 2016 which patients were invited to. Although a small number of patients had attended this, there was limited interest in making a regular commitment to the PPG.
- Information for patients about the services available was easy to understand and accessible.
- The practice offered additional services to carers such as an annual flu vaccination and health check.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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 offered appointments during extended hours on Saturday mornings for working patients who could not attend during normal opening hours. Longer appointments were available for patients who required these and a number of same day appointments were provided for children and urgent cases.
- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with or higher than both local and national averages.
- Information was available to help patients understand the complaints system. There was a designated complaints lead and the practice shared details of complaints and learning points with staff to improve services.

Summary of findings

- There were no female GPs employed by the practice. The practice did use a female locum when required, and placed a sign in reception to inform patients of the dates when the female locum would be available, but this was not a regular arrangement.

Are services well-led?

Good

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

- The practice had clear aims and staff worked in a way that supported these. The practice leadership team recognised its future challenges and had considered how to meet these.
- Staff were clear about their roles and responsibilities and knew how to access support.
- There was a convenient communication structure in place. Non-clinical staff met daily with the practice manager during lunchtime closure to discuss any issues. GPs also communicated with informal lunchtime meetings three days each week. Monthly practice meetings were also held.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this. There was an open and friendly culture.
- The practice had a proactive approach to seeking feedback from staff and patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported older patients who lived in one local care home, which described the service the practice provided as good. We were told that the GPs were responsive to requests for visits and offered continuity of care.
- The practice encouraged older patients to take up flu, pneumonia and shingles vaccinations.
- All correspondence for older people was provided in a large font size for ease of reading.
- The practice coordinated with a multidisciplinary team to care for older people. For example, palliative care meetings were held regularly and included the community matron. Clinicians also maintained direct contact with district nurses.
- Patients aged over 75 were able to access an NHS health check through the practice.

People with long term conditions

Good

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

- Performance for diabetes related indicators was higher than local and national averages. For example:
- 88% of patients had a blood glucose measurement within the target range in the previous 12 months, higher than the Clinical Commissioning Group (CCG) average of 79% and the national average of 78%.
- 88% of patients with diabetes had a blood pressure reading within the acceptable range, compared with the CCG average of 77% and the national average of 78%.
- 90% of patients with diabetes had a most recent cholesterol measurement within an acceptable range, again higher than the CCG and national averages which were both 80%.
- The GP partners explained that the practice had a long standing structured programme of diabetic care. Local data showed that the practice was the highest performing in the CCG area for the percentage of patients achieving all three National Institute for Health and Care Excellence (NICE) recommended diabetes

treatment standards (monitoring of blood glucose, blood pressure and cholesterol) in 2015/2016. It was also the third highest performing for the percentage of patients receiving all eight NICE recommended care processes in 2015/2016.

- Of the patients on the practices asthma register, 87% had had a review and an assessment of asthma control in the previous year, higher than the CCG average of 77% and the national average of 76%. Exception reporting was 0%, compared with the CCG average of 4% and the national average of 8%.
- The practice also had a higher than average Quality Outcomes Framework (QOF) achievements for treating patients with Atrial Fibrillation (an irregular heart rhythm) and hypertension (high blood pressure).
- The practice maintained registers of patients with long-term conditions and used these to monitor their health and ensure they were offered appropriate services.
- The clinical team had lead roles in chronic disease management.
- We checked a sample of records which showed that patients who were prescribed high risk medicines had been properly monitored. These medicines require frequent blood tests to ensure they remain safe to prescribe.
- The practice offered longer appointments and health checks for patients with long term conditions.
- Clinical staff engaged with healthcare professionals to provide a multidisciplinary package of care.

Families, children and young people

Good

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

- Immunisation rates were higher than the national average for all standard childhood immunisations.
- Same day appointments were available for children.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.
- The practice's patient uptake of cervical screening was in line with national averages.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice leaflet included information about specific appointments for teenagers, childhood immunisations and child health checks, sexual health and ante-natal clinics.

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).

- Extended hours appointments were pre-bookable on Saturday mornings from 8am until 9.45am for patients who could not attend during working hours.
- Patients could access online services such as repeat prescription ordering and appointment booking.
- A full range of health promotion and screening was available, including NHS health checks for those aged 40 to 74.
- The practice offered services including sexual health, weight management and smoking cessation.

People whose circumstances may make them vulnerable

Good

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

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability and patients at high risk of hospital admission.
- Patients with a learning disability were able to access longer appointments.
- The practice had a small number of adolescent patients with mulitple disabilities living in one local care home. Staff at the care home told us that the GPs offered appointments on the same day when needed and were good at communicating with staff and patients' families.
- The practice had no travellers or homeless people on their patient list at the time of our inspection, but had previously had a homeless patient and explained they would provide urgent clinical care to these patient groups as required.
- The practice collaborated with other health care professionals in the case management of patients living in circumstances that made them vulnerable.
- The practice informed patients about how to access various support groups and voluntary organisations.

Summary of findings

- The practice offered additional services to carers such as a free annual flu vaccination and health check. There was a dedicated carer's information board in the patient waiting area.
- The practice had systems and processes in place to safeguard patients from abuse, but the practice nurse was overdue for annual refresher training in children's safeguarding.

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).

- Performance for mental health care planning was comparable with local and national averages. For example:
- 71% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was lower than the CCG average of 86% and the national average of 89%. Exception reporting was 0%, significantly lower than the CCG average of 10% and the national average of 13%.
- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 81% and the national average of 84%. Exception reporting was 0% for this indicator, again significantly lower than the CCG average of 6% and the national average which was 7%.
- We discussed care planning for mental health patients with the GP partners who were aware that performance data was below average and told us they were trying to improve in this area.
- The practice liaised with multi-disciplinary teams in the management of patients experiencing poor mental health.
- The practice maintained a mental health register which it used to monitor patients and offer relevant information and services.

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 in line with local and national averages. 272 survey forms were distributed and 121 were returned. This represented a 45% completion rate and 2% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by telephone, compared to the Clinical Commissioning Group (CCG) average of 73% and the 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 72% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 81% 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 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which all provided positive feedback about the standard of care received. Patients particularly commented on the friendliness and professionalism of staff and the care they received for long term conditions.

Areas for improvement

Action the service MUST take to improve

- Ensure that non-clinical staff who act as chaperones receive training for the role and are aware of their responsibilities.

Action the service SHOULD take to improve

- Review staffing arrangements to ensure patients have adequate access to a female GP when required.
- Ensure infection control audits are repeated at the regular intervals.
- Ensure health and safety risk assessments for the premises are maintained.

Woodway Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Woodway Medical Centre

Woodway Medical Centre is a practice on the outskirts of Coventry. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice operates from premises which were purpose built in 1986 and offer accessible facilities for patients with disabilities. The practice was previously the branch surgery of a larger practice which it separated from in 2003.

Woodway Medical Centre has a current patient list size of 5,068 including a number of patients who live in two local care homes.

The patient population demographics attending Woodway Medical Centre are broadly in line with national averages, with an above average number aged 45 to 60. Levels of social deprivation are slightly higher than average. 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. For example, the practice offers minor surgery, extended hours access and improved services for patients with dementia.

The clinical team includes two male GP partners, one male salaried GP and one female practice nurse. The team is supported by a practice manager and four administrative staff.

Woodway Medical Centre opens from 8.30am to 12.30pm from Monday to Friday and from 2pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. On Thursday afternoons the practice is open from 2pm to 4.30pm. The practice can be contacted by telephone from 8am, at which time there is always a GP on the premises in case of emergency. Appointments are held from 8.45am until 11.15am from Monday to Friday, and from 3pm until 5.30pm on Monday Tuesday, Wednesday and Friday. Extended hours appointments are also pre-bookable on Saturday mornings from 8am until 9.45am. When the practice is closed for short periods between 9am and 6.30pm the telephones are redirected to West Midlands Ambulance Service.

There are further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice is closed from 6.30pm until 8am and on weekends.

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.

Detailed findings

How we carried out this inspection

Before our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection on 20 January 2017.

During the inspection we:

- Spoke with staff including GPs, the practice nurse, the practice manager and other non-clinical staff.
- Observed how patients were being cared for and spoken to.
- Reviewed comment cards where patients 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- We spoke with staff who told us they would escalate any incidents to the practice manager. There was a significant event policy and a form for recording details of incidents on the practice computer system.
- The practice had recorded 13 significant events during the previous year. We reviewed the significant event register which included details such as a summary of the event, the meeting at which it was discussed, and any actions taken and lessons learned as a result. We looked at examples of significant events including notes of discussions and outcomes and were satisfied these had been properly dealt with actions taken to prevent similar events recurring.
- Where a patient was affected by an incident the practice manager made contact with them to arrange a face to face meeting to provide information and direct the patient to support services if necessary. Following the meeting the patient was sent a letter of apology. The practice manager was aware of 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.
- Significant events were discussed with all staff during frequent meetings. Due to the small size of the team, non-clinical staff met daily with the practice manager during lunchtime closure to discuss any issues. GPs also communicated with informal lunchtime meetings three days each week. Monthly practice meetings were also held but were not minuted. The practice manager involved all staff in significant events and outcome letters to patients were circulated to all staff ahead of sending to ensure their awareness.
- The practice manager received patient safety alerts issued by external agencies, such as the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager checked whether the alert impacted patients at the practice, for example by searching for patients prescribed any medicines concerned. The practice manager was then responsible for forwarding the alert to the relevant lead clinical team member. The clinical staff member then responded to the practice manager to confirm that the required actions had been completed. The alerts were also discussed informally between GPs. The practice manager maintained a written log of all relevant alerts in the visit book and clinical staff ticked these entries to confirm they had read the alert. We checked a sample of recent alerts and found that the practice had taken action. For example, the practice nurse had identified and contacted patients using blood glucose testing strips following a recent alert to advise them to discontinue use of affected lot numbers.

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:

- The practice had made arrangements to safeguard children and vulnerable adults from abuse. The practice had a safeguarding policy which was available to staff on the computer system as well as in a folder in the practice manager's office. Safeguarding contact details were also displayed on the staff notice board. The practice's processes were in line with current legislation and local requirements. The practice had appointed one of the GP partners as the lead member of staff for safeguarding. The GPs attended safeguarding meetings and child protection hearings, as well as providing reports for other agencies when needed. Non-clinical staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level three. The practice had protocols to review children who had not attended for hospital appointments, or children who had repeated attendances at Accident and Emergency.
- The practice offered chaperoning to patients. A notice in the patient information leaflet advised patients that a chaperone was available if required. All staff who acted as chaperones 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 may be vulnerable). It was the practice's policy for the practice nurse to act as the preferred chaperone when possible, but if the nurse was unavailable non-clinical staff

occasionally filled this role. Non-clinical staff had not received training for the role and from discussion with staff we found they had not been standing in the correct position during chaperoning. We raised this with the practice and were shown a notice sent to non-clinical staff explaining that they would be suspended from chaperoning until suitable training could be completed. Following the inspection the practice provided us with evidence that non-clinical staff had completed chaperone training.

- The practice used policies and procedures to manage standards of cleanliness and hygiene. We observed the premises to be clean and tidy during the inspection. The practice nurse was the infection control lead and had completed appropriate training for the role. Annual infection control audits had been carried out until August 2015 and we saw evidence that action was taken to address any areas identified for improvement. The practice nurse was aware that the 2016 audit was overdue and was planning to complete this following the inspection. We saw evidence that staff had been given training in their infection control responsibilities. Kits were available for dealing with body fluid spillages and non-clinical staff had received training in how to use these. Staff we spoke with on the day had a good understanding of their infection control responsibilities. Clinical waste was properly labelled and stored prior to collection.
- The practice had measures in place for dealing with all aspects of the prescribing process. Where a patient had reached their maximum number of repeat prescriptions their GP had a protocol to issue one further prescription where it was safe to do so and inform the patient to make an appointment for their review. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Staff locked clinical rooms when they were not in use and removed computer access cards when they left their computers unattended. Paper patient records were securely stored in locked areas that were not accessible to the public.
- We saw that patients who were prescribed high risk medicines (medicines that require frequent blood monitoring to ensure they remain safe to prescribe) were monitored appropriately. Where blood tests were taken by the local hospitals the GPs were able to access these results electronically to ensure it was safe to issue a repeat prescription.
- The practice maintained a log to monitor fridge temperatures for storing medicines. We saw that medicines in cold storage were stored appropriately and had been rotated. Two members of staff were responsible for monitoring these and ordering medicines. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- The practice used PGDs (Patient Group Directions) to allow the practice nurse to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed two personnel files which contained documentation evidencing that appropriate recruitment checks had been made before employment. For example, references, proof of identity, qualifications, registration with the appropriate professional body and DBS checks.

Monitoring risks to patients

The practice had procedures for monitoring and managing risks to patient and staff safety.

- There was no evidence of a recent health and safety premises risk assessment having been carried out. The practice instead showed the inspection team forms which members of staff completed where any risks of faults were identified. A health and safety premises risk assessment was provided on the next working day following the inspection and scheduled for annual review. A premises security risk assessment had also previously been conducted in April 2016. The practice had an up to date fire risk assessment completed in November 2016, and had last provided fire safety training to staff in June 2016. We saw evidence that fire alarms were tested regularly to ensure they were in working order and a fire drill had been carried out in November 2016.
- Electrical equipment had been checked to ensure it was safe to use. Portable appliance testing had been carried out in January 2016 and we checked a sample of equipment to confirm this. Clinical equipment was checked to ensure it was working properly and we saw evidence that items had been calibrated in February 2016. The practice had a variety of other risk

assessments and regular professional visits 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).

- The practice used rotas that ensured the number and mix of staff on duty met patients' needs. Annual leave was coordinated to ensure adequate numbers of clinical and non-clinical staff were always available to patients. Staff members offered additional cover during absences.

Arrangements to deal with emergencies and major incidents

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

- Staff used an alert button on the computer's instant messaging system to alert staff to emergencies.
- Staff had last completed annual basic life support training in November 2016.
- The practice kept a supply of oxygen with both adult and children's masks on the premises, as well as a defibrillator with adult's pads. The practice nurse told us that staff were aware of where to place the pads when using the defibrillator on a child. Emergency equipment was checked monthly and we saw a checklist for this. A first aid kit and an accident book was also available.
- There were emergency medicines available in a secure, staff accessible area of the practice. There was a lead for managing emergency medicines and we checked those available were in date and stored appropriately.
- The practice had a business continuity plan for use in the case of major incidents such as power failure or building damage. This contained suitable information such as contingency planning and useful contact details. Copies were kept off site by the GP partners and the practice manager for use in such an event. The practice manager told us this plan was regularly updated to reflect changes at the practice.

Good

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. Staff had individual online access to up to date guidelines from NICE, and GPs also discussed these during local meetings and forums. This information was used to deliver care and treatment that met patients' needs. We checked a sample of recent NICE updates and saw that action had been taken, for example by conducting clinical audits. Clinical staff also discussed updates informally or during clinical meetings.

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 (for 2015/2016) were 99% of the total number of points available, higher than the Clinical Commissioning Group (CCG) average of 95% and the national average which was also 95%. The practice's exception reporting was 3%, lower than the CCG average of 5% and the national average of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was significantly higher than local and national averages. For example:
- 88% of patients had a blood glucose measurement within the target range in the previous 12 months, higher than the CCG average of 79% and the national average of 78%. Exception reporting was 3%, significantly lower than the CCG average of 12% and national average of 13%.
- 88% of patients with diabetes had a blood pressure reading within the acceptable range, compared with the CCG average of 77% and the national average of 78%. Exception reporting was 2%, lower than the CCG average of 8% and the national average of 9%.
- 90% of patients with diabetes had a most recent cholesterol measurement within an acceptable range, again higher than the CCG and national averages which were both 80%. The practice's exception reporting for this indicator was 4%, lower than the CCG average of 10% and the national average of 13%.

The GP partners explained that the practice had introduced a structured programme of diabetic care in the 1990s, long before practices were required to do so. One of the GPs was the diabetic lead supported by the practice nurse. Local data also showed that the practice was the highest performing in the CCG area for the percentage of patients achieving all three NICE recommended diabetes treatment standards (monitoring of blood glucose, blood pressure and cholesterol) in 2015/2016. It was also the third highest performing for the percentage of patients receiving all eight NICE recommended care processes in 2015/2016. These care processes included for example foot surveillance, urinalysis and monitoring smoking and body mass index.

- Performance for mental health care planning was lower than local and national averages. For example:
- 71% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 86% and the national average of 89%. Exception reporting was 0%, significantly lower than the CCG average of 10% and the national average of 13%.
- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 81% and the national average of 84%. Exception reporting was 0% for this indicator, again significantly lower than the CCG average of 6% and the national average which was 7%.

We discussed care planning for mental health patients with the GP partners who were aware that performance data was below average and told us they were trying to improve in this area. For example, the practice was producing a new care plan specifically for all mental health patients , which

was not required for patients who had care plans produced by secondary care services. The GP partners told us this would mean this indicator could be more accurately measured.

- The practice's performance for recording alcohol consumption in patients experiencing poor mental health was higher at 94%, compared with the CCG and national averages of 89%. The practice had exception reported 6% of patients for this indicator compared with the CCG average of 8% and the national average of 10%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 92%. This was similar to the CCG average of 91% and the national average of 90%. The practice's exception reporting for this was 4%, significantly lower than the CCG average of 11% and the national average of 12%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of three clinical audits completed in the last year, one of which was a two cycle audit where the improvements made had been implemented and monitored.
- The practice identified areas for audit in response to NICE updates and prescribing guidelines.
- The practice participated in quality improvement activities such as benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken included a change in the way patient records were coded to improve the management of patients at risk of developing diabetes.

Effective staffing

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

- An induction programme was used to orientate all newly appointed staff. This covered topics such as infection control, fire safety and confidentiality.
- The practice nurse administered vaccines and took samples for the cervical screening programme and had completed specific training and an assessment of competence for these roles. The nurse was able to demonstrate how they stayed up to date with changes to the immunisation programmes, by accessing online resources and keeping a record of updates for ease of reference.
- The practice used annual appraisals to identify staff training needs as well as meetings and discussions. All staff had received an appraisal within the last 12 months, excepting one who had been employed by the practice for less than a year and had completed a three month review.
- The practice used an e-learning system to access training and monitor when staff were due for updates. All staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff were trained using e-learning as well as in-house training.
- The practice facilitated and supported the GP and nurse revalidation processes.

Coordinating patient care and information sharing

Staff could access the information they required to plan and deliver care in a timely and accessible way through the practice's patient record system.

- This included test results, care plans, medical records and risk assessments.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff liaised with other health and social care professionals to fully understand patients' needs and tailor care and treatment accordingly. This included when patients were referred between services or were discharged from hospital. The practice held quarterly multidisciplinary meetings with other health care professionals to discuss and update care plans for patients with complex needs. The practice also had direct access to district nurses via mobile telephone contact.

Consent to care and treatment

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

- Clinicians demonstrated their understanding of the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005, Gillick competence and Fraser guidelines. Staff understood why these needed to be

considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.
- 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.
- We were shown examples of a consent recording form used for minor surgery procedures and joint injections which were stored in patient notes.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The practice maintained registers of carers, patients with mental health issues, patients nearing their end of life, those with a learning disability and those with long-term conditions. Patients on these registers were offered regular reviews to monitor their health.
- The practice encouraged health promotion by providing information and referrals to support services.

The practice carried out cervical cancer screening for women within the target age range. QOF data for 2015/2016 showed:

- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national averages of 81%. Exception reporting for this indicator was 6%, similar to the CCG average of 8% and the national average of 7%. The practice added alerts to their clinical system for patients who did not attend for cervical screening, which the nurse used to remind patients who attended for other appointments. The nurse also discussed the importance of cervical screening with patients who attended for contraception advice. There was always a female sample taker available to patients and failsafe systems were used to verify that results had been received for all samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2014/2015 showed that the practice was in line with averages. For example:

- 76% of women aged 50 to 70 had been screened for breast cancer within the target period, which was higher than the CCG average of 71% and the national average of 72%.
- 60% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG and national averages of 58%.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring 95% to 98% in all indicators. The practice achieved an overall score of 9.6 out of 10, compared with the national average score of 9.1.

Health checks were available for patients with long term conditions such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, high blood pressure and heart problems. NHS health checks were also available facilitated for patients aged 40–74 and those over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

- Consulting rooms had curtains to maintain privacy and dignity during patient examinations and treatments.
- Clinicians closed doors to consultation and treatment rooms when they were seeing patients, and we could not overhear conversations taking place inside.
- Reception staff told us that if a patient was upset or needed to discuss something sensitive they offered to take them to a private room.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which all provided positive feedback about the standard of care received. Patients particularly commented on the friendliness and professionalism of staff and the care they received for long term conditions.

The practice had attempted to set up a Patient Participation Group (PPG), and we saw minutes of a meeting held in November 2016 which patients were invited to. Although a small number of patients had attended this, there was limited interest in making a regular commitment to the PPG.

We spoke with staff at two local care homes. Both described the service the practice provided to people as very good. We were told that the GPs were responsive to requests for appointments and home visits and offered continuity of care.

Results from the National GP Patient Survey showed that the practice was above average for its satisfaction scores and patients felt they were treated with compassion, dignity and respect. For example:

- 93% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) and national averages of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average which was also 85%.
- 95% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 94% of patients said the nurse was good at listening to them compared to the CCG and national averages of 89%.
- 90% 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 the national average of 91%.
- 90% of patients said the nurse gave them enough time compared to the CCG and the national averages of 92%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again, results showed that the practice was in line with or above average for consultations with GPs and nurses. For example:

- 91% 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%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages 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.
- A large number of information leaflets were available providing patients with information about health and support services.

Good

Are services caring?

- The premises were equipped with a hearing loop to assist patients with a hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

A variety of information leaflets and posters were displayed in the patient waiting area to help direct patients to relevant support groups and organisations. Similar information could be accessed on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (1.1% of the practice list). There was a carers' board in the waiting area providing information for carers. Carers were offered the flu vaccine and an annual health check. Clinical staff directed carers to relevant support services they could access.

Staff told us that if a patient had suffered bereavement their usual GP offered a consultation at a time to suit them and referred them to a local support group.

Good

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 offered extended opening hours on Saturday mornings from 8am until 9.45am for working patients who could not attend during normal opening hours.
- Patients could access online services such as repeat prescription ordering and appointment booking.
- The practice advertised teenage health appointments with the practice nurse to discuss problems or concerns.
- Appointments could be arranged on the same day for children, vulnerable patients and those with medical problems that required an urgent consultation.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were asked to complete a NHS Friends and Family Test in the waiting area to give feedback about the service provided by the practice. Results were reviewed by the practice every month to identify any areas for improvement.
- The practice maintained registers for patients with a number of long term conditions and used these to target and improve care for those groups. For instance, the practice had a diabetes register which it monitored to ensure patients received annual reviews of their physical and mental health.

Access to the service

The practice was open from 8.30am to 12.30pm from Monday to Friday, and from 2pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. On Thursday afternoons the practice opened from 2pm to 4.30pm. The practice telephone lines open from 8am, at which time there was always a doctor on the premises in case of emergency. Appointments were available from 8.45am until 11.15am from Monday to Friday, and from 3pm until 5.30pm on Monday Tuesday, Wednesday and Friday. Extended hours appointments were also pre-bookable on Saturday mornings from 8am until 9.45am. When the practice was closed for short periods between 9am and 6.30pm the telephones were redirected to West Midlands Ambulance Service. There were further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice was closed from 6.30pm until 8am and on weekends.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or higher than local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by telephone significantly higher than the CCG average of 73% and the national average which was also 73%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.
- 86% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.

The practice had a lower than average score for waiting times in the National GP Patient Survey. 38% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and the national average of 66%. The practice was aware of this issue and felt this was due to patients raising multiple health issues in one consultation. The GPs had discussed this and felt that allowing proper time for patient care during consultations was a greater priority than reducing waiting times on the day.

The practice had a system to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Details of home visit requests were captured by reception staff who recorded these in the home visit book for the GPs to triage. In cases where the urgency of need was so great

Good

Are services responsive to people's needs?

(for example, to feedback?)

that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Staff were aware of their responsibilities when managing requests for home visits and always sought the immediate advice of a GP if they were unsure of the level of urgency.

There were no female GPs employed by the practice. The practice did use a female locum when required and placed a sign in reception to inform patients of the dates when the female locum would be available, but this was not a regular arrangement.

Listening and learning from concerns and complaints

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

- A complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was included in the practice leaflet displayed in the patient waiting area and information about how to make a complaint was also provided on the practice website.
- We saw evidence that the practice had responded to complaints in writing within a reasonable timescale.

We looked at records of six complaints received in the last 12 months and found that they were dealt with in a satisfactory and timely way. Actions and learning points from complaints were recorded and the practice told us these had been discussed with all staff. The practice manager also required all staff to review complaint outcome letters to patients prior to these being posted. Verbal complaints were also recorded in an incident book.

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 aimed to promote good health and wellbeing and provide the highest quality of service to patients. Staff worked in a way that supported the ethos of the practice.

The practice was constrained by the size of the premises and had been searching for a suitable alternative for several years. The current partnership was committed to continue meeting the growing needs of the local population and was considering ways to extend their services.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care.

- We spoke with all members of staff at the practice and were satisfied that they understood their responsibilities. There was a clear leadership structure and staff were supported.
- A set of practice specific policies were in place and all staff were able to access these using the computer system.
- The practice monitored its performance and conducted audits with information used to identify areas for improvement and implement changes.
- The processes for managing risks needed to be strengthened to adequately protect patients from the risk of harm. For example, ensuring staff received adequate and up to date training such as safeguarding and chaperoning, and ensuring there was an up to date health and safety risk assessment for the premises.

Leadership and culture

The GP partners and practice manager showed us that they had the capability and experience they needed to run the practice to a high standard, and supporting staff had the knowledge and skills required for their roles. Staff said they were able to approach the GPs and practice manager directly and also had frequent opportunities to raise issues through informal and formal meetings.

The practice had systems 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. There was an open, friendly culture within the practice and there were systems to ensure that when things went wrong with care and treatment affected patients received reasonable support and sufficient information to help them understand. The practice made formal written apologies to patients where appropriate.

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

- There was a convenient communication structure in place. Non-clinical staff met daily with the practice manager during lunchtime closure to discuss any issues. GPs also communicated with informal lunchtime meetings three days each week. Monthly practice meetings were also held but were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues directly or at team meetings and felt able to do so.
- Members of staff we spoke with told us they were respected in their roles and we observed during the inspection that the team worked well together.

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.

- The practice used the NHS Friends and Family Test to gather patient feedback and results were reviewed by the practice every month to identify any areas for improvement.
- The practice had been attempting to set up a Patient Participation Group but had found it difficult to recruit members. We saw minutes of a patient recruitment meeting held in November 2016 to evidence this.
- The practice had gathered internal feedback generally through staff appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not operate an effective system to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely, by: • Failing to ensure that non-clinical staff who acted as chaperones received training for the role and were aware of their responsibilities. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.