

# All Saints Surgery

## Quality Report

Field Road  
Bloxwich  
Walsall  
West Midlands  
WS3 3JP

Tel: 01922 775134

Website: [www.gpwalsall.co.uk/allsaints](http://www.gpwalsall.co.uk/allsaints)

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## 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 | 6    |
| What people who use the service say         | 8    |
| Areas for improvement                       | 8    |

### Detailed findings from this inspection

|                                    |    |
|------------------------------------|----|
| Our inspection team                | 9  |
| Background to All Saints Surgery   | 9  |
| Why we carried out this inspection | 9  |
| How we carried out this inspection | 9  |
| Detailed findings                  | 11 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at All Saints Surgery on 25 September 2015. Overall the practice is rated as good.

Specifically, we rated the practice as good for providing safe, effective, caring, responsive and well led services. The service provided to the following population groups was rated as good:

- 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).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.
- There was a clear leadership structure and staff felt supported by management.

However, there were areas of practice where the provider needs to make improvements.

The provider should :

- Undertake risk assessments when appointing staff with a Disclosure and Barring Service (DBS) check from a previous employer and develop systems to record necessary recruitment checks completed for all staff including locums.

# Summary of findings

- Review the results of the 2015 national GP patient survey and consider whether improvements are needed to improve patients' experience of the service.
- Develop systems to monitor and record staff training so that training needs can be easily identified and acted on.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice did not undertake risk assessments for staff with a Disclosure and Barring Service (DBS) check from a previous employer.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence that appraisals were in progress for staff. However, the system for recording and monitoring staff training was not robust. Staff worked with multidisciplinary teams in the management of high risk patients and those with complex needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patient feedback from completed CQC comment cards described a good service and staff who were caring, helpful and took time to listen and explain their health needs. Results from the 2015 national GP survey showed mixed feedback. The practice was rated similar to other practices for several aspects of care for example, the last GP they spoke to was good at treating them with care and concern. However, the practice was performing below local and national averages in relation to whether the last GP they saw or spoke to was good at giving them enough time and was good at listening to them. The practice had not analysed feedback from the survey.

Good



Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Patients spoken with on the day and feedback from completed CQC comment cards told us patients found it easy to make an appointment with a named GP. However, we received mixed feedback about patients' ability to obtain routine appointments with some patients saying the system worked well while others had experienced problems. Results from the 2015 national GP survey showed convenience of appointments and practice opening hours were below the CCG and national average. The practice had not analysed feedback from the survey.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a vision and strategy, staff were aware of the vision and their responsibilities in relation to this. There was clear leadership and an overarching governance framework which supported the delivery of the strategy and good quality care. Staff felt supported by management. The practice had a number of policies and procedures to govern activity although some required updating to ensure they were relevant to the practice. There were systems in place to monitor and improve quality and identify risk. The practice had a patient participation group (PPG) and there was evidence from meeting minutes and discussion with PPG members that the PPG was trying to generate interest, promote itself and engage with patients. Staff had received inductions and staff meetings took place. Performance reviews for staff were in progress.

The practice team was forward thinking and innovative and participated in local pilot schemes to improve outcomes for patients.

Good



# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice employed a pharmacist to undertake reviews for patients over the age of 75 years and the pharmacist was also the over 75's care coordinator. This enabled patients to receive their annual health check including a review of their medication and an assessment of risk factors, such as dementia screening and the potential risk of emergency hospital admissions.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children 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. Appointments were available outside of school hours and the premises was suitable for children and babies.

Good



### 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

Good



# Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice offered online services and telephone consultations as well as a full range of health promotion and screening that reflected the needs of this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. We saw that there were 47 patients on the learning disability register and the practice had carried out annual health checks for all of those on the register. It offered longer appointments for people with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## 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). There were 37 patients on the mental health register and they had received an annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) as a result of experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

There were 292 survey forms distributed for All Saints Surgery for the national GP patient survey published on July 2015 and 116 forms were returned. This was a response rate of 39.7%. The results showed the practice was performing in line with local and national averages and in some areas above, for example:

- 85.1% said the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 84.4% and a national average of 86.3%.
- 69.6% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60.5%.
- 91.8% said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92.2% and a national average of 91.9%.
- 90.2% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 90.3% and a national average of 89.7%.
- 76.4% found it easy to get through to the surgery by phone compared with a CCG average of 75.5% and a national average of 74.4%.
- 85.8% found the receptionists at this surgery helpful compared with a CCG average of 86.6% and a national average of 86.9%.

However, there were also areas where the practice was performing below local and national averages. For example:

- 78% said the last GP they saw or spoke to was good at giving them enough time compared with a CCG of 84.7% and national average of 86.8%.

- 78.2% said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 85.9% and national average of 88.6%.
- 82.4% said the last appointment they got was convenient compared with a CCG average of 92.2% and a national average of 91.8%.
- 59.8% were satisfied with the surgery's opening hours compared with a CCG average of 74.9% and a national average of 75.7%.
- 65.8% said the GP surgery currently opens at times that are convenient compared with a CCG average of 74.1% and national average of 73.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 40 comment cards all of which contained positive feedback. Patients described a good service and staff who were caring, helpful and took time to listen and explain their health needs. Patients told us that they received the care and treatment they needed in a timely manner. However, seven comment cards included comments about difficulty accessing routine appointments.

On the day of the inspection we spoke with seven patients including two member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients told us that they were involved in their care and staff took time to explain their treatment in a way that they understood. However, some of the feedback received included comments about difficulty accessing routine appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Undertake risk assessments when appointing staff with a Disclosure and Barring Service (DBS) check from a previous employer and develop systems to record necessary recruitment checks completed for all staff including locums.
- Review the results of the 2015 national GP patient survey and consider whether improvements are needed to improve patients' experience of the service.
- Develop systems to monitor and record staff training so that training needs can be easily identified and acted on.



# All Saints Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to All Saints Surgery

All Saints Surgery provides primary medical services to approximately 4728 patients in the local community. There are two GP partners (both male) working at the practice together with a salaried GP (female) and a long term locum GP (male). The practice is a training practice for GP trainees (fully qualified doctors who wish to become general practitioners). At the time of the inspection there was one trainee GP. The GPs are supported by a practice nurse and two health care assistants. The non-clinical team consists of a personal assistant, administrative and reception staff and a temporary practice manager who is supporting the practice.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care. The practice also provides some direct enhanced services such as extended hours access and childhood vaccination and immunisation schemes. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice opening times are Mondays to Thursdays from 8am to 6.30pm with the exception of Fridays when the practice closes at 1pm and does not re-open during the afternoon. The practice provides an extended hours service on Mondays when it is open from 8am to 8pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'Badger' the external out of hours service provider. When the practice is closed during core hours on a Friday afternoon patients can access general medical service by contacting 'WALDOC' which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a low deprivation score compared to other practices nationally. Data showed that the practice has a higher than average practice population aged 65 years and over in comparison to other practices nationally. The practice also has a slightly higher than the national average number of patients with caring responsibilities with a rate of 21.8% compared to the national average of 18.2%.

The practice achieved 96.7% points for the Quality and Outcomes Framework (QOF) for the financial year 2013-2014. This was above the national average of 94.2%. The QOF is a voluntary annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

## 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

# Detailed findings

part of our regulatory functions. This 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.

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.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 September 2015. During our visit we spoke with a range of staff (GPs, the practice pharmacist, a practice nurse, a health care assistant, reception and administrative staff) and spoke with patients who used the service. We talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with health care professional such as the health visiting and district nursing teams.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. This included reporting incidents, checking national patient safety alerts and acting on comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us they would inform one of the GP partners of any incidents and there was a recording form available on the practice's computer system.

The practice had a system in place for reporting and recording clinical significant events, incidents and accidents. There were 12 significant events that had occurred during the last 12 months. We reviewed records of these and saw this system was followed appropriately. We saw that significant events were discussed at two monthly staff meetings as well as by email to staff and that action was taken to ensure learning. For example, following a prescription issuing error an alert system had been added to the computer for patients with the same name.

National patient safety alerts were disseminated by a GP partner to practice staff via email and discussed in staff meetings. The practice also discussed these at clinical meetings attended by clinicians from the various practices within the premises.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse. There was a lead member of staff for safeguarding and staff knew who this was if they needed advice or support. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. There were policies in place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating. Although there were no formal meetings with health visitors they held weekly clinics at the health centre which provided an opportunity to discuss or follow up concerns. We spoke with the health visiting team who told us that they were looking to set up formal meetings to help improve information sharing with the GPs.
- There was a chaperone policy in place and notices were displayed in all of the consulting rooms and in the waiting area advising patients that a chaperone service was available if required. The nurse would act as a chaperone however, if they were not available then non clinical staff would undertake the role. 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 may be vulnerable. One member of staff was not clear about where they should stand when chaperoning although they said that they had received training. We discussed this with one of the GP partners on the day of the inspection.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The building was not owned by the practice and a facilities management service took the role of overseeing health and safety within the premises. As a result some records were not stored by the practice. However, the practice was able to provide evidence that safety related policies and risk assessments were in place. These included a health and safety risk assessment and policy and a legionella risk assessment. Legionella is a bacteria which can contaminate water systems in buildings. Fire equipment and alarms were checked by the management service to ensure they were in good working order. Staff had not received recent fire training update however, annual fire drills were carried out to ensure staff were aware of what to do in the event of a fire emergency. There had been a recent fire evacuation which was responded to appropriately. All electrical equipment was checked to ensure the equipment was safe to use. There were data log sheets for the control of substances hazardous to health (COSHH) which were in day to day use.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There were schedules in place for the cleaning of equipment used in consulting rooms. The cleaning of

## Are services safe?

the general environment was undertaken by an external cleaning company. We saw that cleaning specifications were in place but these had not been signed off to show that the cleaning had been undertaken. However, there was evidence that the cleaning company undertook audits to monitor the standard of cleaning. The practice nurse was the infection prevention and control (IPC) clinical lead and liaised with the local IPC teams to keep up to date with best practice. There was an IPC policy in place and staff had received up to date training. Annual infection control audits were undertaken. The last audit had been undertaken in March 2015 by a NHS Trust commissioned by the Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. The audit identified actions for the practice to take. We saw that there were two actions outstanding but these were in progress. These were changing the floor in one of the clinical rooms and having a procedure in place for the deep cleaning of curtains and blinds. We saw evidence that the practice had obtained quotes for the work required.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. We checked medicines for use in a medical emergency and medicines in refrigerators and found they were stored securely, in date and were only accessible to authorised staff. Records showed that fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. All prescriptions were reviewed by either a GP or the practice pharmacist and then signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. Both blank prescription forms for use in printers and those for hand written prescriptions were held in securely. The serial numbers for paper prescription pads taken on home visits were recorded to ensure a clear audit trail.

- National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The health care assistants and nurses used Patient Specific Directives (PSD) for flu vaccinations which were undertaken for a group of named patients who had been individually assessed by a GP and produced in line with legal requirements and national guidance.
- There was evidence of recruitment checks carried out in the staff files we reviewed that showed that appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks. However, the same checks had not been recorded in the file of a locum GP although we were provided evidence that checks had been completed. We also saw that a practice nurse had a DBS check from a previous employer and this had not been formally risk assessed to demonstrate how they had reached the decision to accept a previous DBS check.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of the medicines and equipment. Practice records confirmed that the emergency medicines were checked regularly to ensure they were in date. The automated external defibrillator was shared with a practice in the same premises as All Saints Surgery and we were told that this other practice took responsibility for checking the equipment. We saw that the equipment was in date but All Saints Surgery had no records to confirm that checks were being carried out to provide assurance that it was in good

## Are services safe?

working order. The practice told us that checks would be implemented to ensure they were being done consistently. Home visits bag for the GPs contained relevant medication that may be required.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, guidance on urgent referrals to secondary care services for suspected cancers. The practice had systems in place to ensure all clinical staff were kept up to date and discussions took place at regular staff meetings. The practice staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Staff described how they carried out assessments which covered health needs and was in line with national and local guidelines. They explained how care and treatment was planned to meet identified needs. They described reviewing patients at required intervals to ensure their treatment remained effective.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included reviewing discharge summaries following hospital admission to establish the reason for admission. These discussions included the practice pharmacist and members of the relevant multidisciplinary team. These patients were reviewed to ensure care plans were documented in their records and their needs were being met. This assisted in reducing the need for them to go into hospital.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice proactively reviewed its QOF figures and recalled patients when necessary for reviews. There were allocated staff members responsible for overseeing QOF and a team approach to the management of patients with long term conditions which ensured a high QOF score.

The published data from 2013/14 showed that the practice had achieved 96.7% of the total number of QOF points

available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed that the practice was in line or above the national average for a number of QOF indicators, for example;

- Performance for diabetes related indicator for foot examinations was 95.8% which was higher than the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.6% which was similar to the national average of 83%.
- The percentage of patients with a mental health need who had a comprehensive agreed care plan was 92% which was higher than the national average of 86%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last 12 months, this included audits looking at why patients did not attend their appointments, reviews of high risk patients and medication audits for example, reviewing patients on oral nutritional supplements. We saw evidence of completed audits where improvements were implemented and monitored. For example, following an audit to review patients who were at risk of unnecessary or frequent hospital admissions all 80 patients had clinical reviews and updated risk assessments.

The practice participated in applicable local audits, pilots, peer review and research. For example, one of the GP partners was a steering group member for a new medical school. They were also involved in the Walsall Federation. The aim was to improve collaborative working with local GP practices and stakeholders in developing services for the local population as well as providing training and support to staff across member practices. The GPs had contributed to Clinical Commissioning Group (CCG) pilots which help improve outcomes for patients. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. This included developing a standardised template for the over 75's health check to ensure a consistent approach to undertaking this check so that important information was assessed and captured such as dementia screening.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

- There was an established team which included two GP partners, a salaried GP and a long term locum GP to provide continuity in patients care. The team also included a practice nurse, two health care assistants and a team of administrative/reception staff.
- The practice had an induction programme for newly appointed members of staff which included induction packs for GP trainees and locums.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included core training in areas such as safeguarding children and vulnerable adults, basic life support, information governance and infection prevention and control. Staff had received training and updates relevant to their role, for example the GPs had received level three childrens' safeguarding training, staff undertaking chaperone duties had received training and the practice nurse had received updates for undertaking cervical screening and administering childhood immunisations. Staff discussed with us training opportunities they had been given to develop skills in line with their roles and responsibilities. There was training provided to the GP trainees to support their professional development and protected learning time for all staff. A system was in place to record staff training but it had not been updated to reflect all of the training that staff had received.
- The learning needs of staff were identified through a system of appraisals and meetings. Not all staff had not received an appraisal within the last 12 months due to a change in management but we saw that these had been scheduled. The practice had recently employed a temporary manager who worked on a sessional basis to review and improve the management systems in the practice.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

- Staff had various lead roles within the practice to support the management of patients' care and treatment. These included QOF, safeguarding and complaints.
- Regular staff meetings provided the opportunity to share important information with staff. The minutes showed that these meetings were detailed and covered a number of areas including significant events, complaints and feedback from multidisciplinary meetings

### 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. This was through the practice's patient record system, their intranet and an integrated pathology and discharge summaries system linked to the local acute hospital. This included care plans, risk assessments, medical records and results of tests and investigations. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice referred patients appropriately to secondary and other community care services such as district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred to other health professionals, or after they were discharged from hospital. The practice implemented the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. This included a palliative care register and regular multidisciplinary meetings to discuss the care and support needs of patients and their families. Our discussions with the community district nursing team suggested that there was effective communication with the practice to share

# Are services effective?

## (for example, treatment is effective)

information in a timely manner. We also spoke with the practice pharmacist who told us that there were effective systems in place to manage the needs of patients with complex needs and long term conditions.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Booklets were made available to all staff on the principles of the Mental Capacity Act 2005. Our discussion with staff demonstrated that they understood the relevant consent and decision-making requirements of legislation when providing care and treatment and would act on any concerns about a person lacking capacity to consent. This included Gillick competence (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). Staff confirmed that assessments of capacity to consent would be carried out in line with relevant guidance.

There were 47 patients on the learning disability register and 37 patients on the mental health register all of whom had received a health review. We reviewed a sample of care plans for patients with a learning disability and those with mental health needs and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and high blood pressure.

The practice had a display monitor with patient health promotion information. There was also a practice leaflet with details of services for patients to access including a range of self-referral services such as physiotherapy, sexual health, lifestyle advice and alcohol and drug services.

The practice had a comprehensive screening programme. Data showed that the practice's uptake for the cervical screening test was 89% which was higher the CCG average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Findings were audited to ensure good practice was being followed.

Childhood immunisation rates were mostly above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 95.9% to 100%. Flu vaccination rates for patients over 65 years was 69.6%; this was similar to the CCG average of 73%. Flu vaccination for at risk groups was 48.6%, this was similar to the national average of 52%.

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 on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We did not see any posters informing patients that they could speak in private away from the reception area, however, reception staff told us they offered to speak with patients in a private room if they wanted to discuss sensitive issues or appeared distressed.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 40 completed cards. Patients described staff as kind and respectful and said their privacy and dignity was maintained. On the day of the inspection we spoke with seven patients including two members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Patients described staff as caring and helpful. Comment cards highlighted that staff responded to patients compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed the practice performance was mostly similar to local and national averages in relation to consultations with the GPs and nurses. For example:

- 78% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and national average of 85%.
- 91.7% said they had confidence and trust in the last GP they saw compared with the CCG average of 94 % and national average of 95%.
- 90.7% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90.6% and national average of 90%.
- 93% said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 97% and national average of 97%.

- 85.8% patients said they found the receptionists at the practice helpful compared with the CCG average of 86.6% and national average of 86.9%.

However, the practice was performing below local and national averages in the following areas:

- 78% said the last GP they saw or spoke to was good at giving them enough time compared with a CCG of 84.7% and national average of 86.8%.
- 78.2% said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 85.9% and national average of 88.6%.

At the time of the inspection the practice had not reviewed the results of the most recent national GP survey published in July 2015.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in July 2015 showed the practice performance was mostly similar to the CCG and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and national average of 86%.
- 82.7% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78.3% and national average of 81.5%.
- 90 % said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 90.3% and national average of 89.7%.
- 81.6% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 85.9% and national average of 84.9%.

Staff told us that translation services were available for patients who did not have English as a first language. There was information on the patient information screen and patient information leaflet informing patients that this service was available.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

There was a display monitor with patient information and leaflets in the patient waiting room that provided patients with information on how to access a number of support groups and organisations such as carers and bereavement support services.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and there were 47 patients registered at the practice. A policy, tool kit and carers pack was in place to help support carers and to ensure they understood the various avenues of support available to them.

There was a system in place to alert staff of a recent bereavement and a policy in place to ensure procedures were followed consistency. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A bereavement pack was also in place to provide advice and support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

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

- The practice had a practice pharmacist who provided support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in Walsall to have pharmacy support to ensure safe and appropriate prescribing of medications and increase efficiency in repeat prescribing. The role of the pharmacist included undertaking regular medication audits with the practice to ensure prescribing was in line with best practice guidelines and to improve safety and effectiveness. For example, an audit to review patients prescribed oral nutritional supplements. The role of the pharmacist also included reviewing patients on high risk medicines and those with complex needs. In addition to this the practice employed the pharmacist up to 12 hours a week as an over 75's care co-ordinator to undertake health checks which included a review of patients medications and assessing patients who maybe at high risk of hospital admissions.
- The practice had a high prevalence of patients with hypertension (high blood pressure) and was involved in a CCG pilot project for hypertension. The aim of the project was to help reduce the health risks associated with high blood pressure such as a stroke and involved a pharmacist led clinic to review patients.
- One of the GPs was on the CCG board and as part of that role they had contributed to the development of a standardised template to record the over 75's health check to ensure consistency in practice. The template ensured important health information was included as part of the check such as dementia screening. This was then shared with other practices within the CCG.

Other ways the practice responded to patients' needs included:

- Systems to review and recall patients with long term conditions such as asthma, diabetes and chronic obstructive pulmonary disease (COPD). Longer appointments for patients with a learning disability and long term conditions. There were annual health checks for patients with a learning disability and those with mental health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available on the same day for children, the elderly and patients who were vulnerable.
- There were accessible facilities, a hearing loop to assist patients who used hearing aids, and translation services available.
- There were extended opening hours on a Monday evening and patients could book appointments and order repeat prescriptions on line which would benefit patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.
- The practice had a patient participation group (PPG) and there were 12 members, we spoke with two members during the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. There was evidence from meeting minutes and discussion with the members that the PPG was trying to generate interest, engage with patients and act on feedback. For example, the PPG had developed its own patient survey which was distributed to patients to obtain feedback. Actions taken as a result of patient feedback included increasing appointments with the female GP, ensuring results of blood tests were easily available to patients, organising information on the patient notice board so that it was easy to access and the introduction of a display monitor in reception which provided helpful information to patients.

### Access to the service

The practice opening times were Mondays to Thursdays from 8am to 6.30pm with the exception of Fridays when the practice closed at 1pm and did not re-open during the afternoon. The practice provided an extended hours service on Mondays when it was open from 8am to 8pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance with the GPs and three weeks in advance with the nurse, urgent same day

# Are services responsive to people's needs?

## (for example, to feedback?)

appointments were available for patients that needed them. Patients could book appointments and order repeat prescriptions online. There were telephone consultations available with GPs.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages in some areas. For example:

- 76.4% patients said they could get through easily to the surgery by phone compared with the CCG average of 75.5% and national average of 74.4%
- 72.2% patients described their experience of making an appointment as good compared with the CCG average of 73.1% and national average of 73.8%.
- 57.9% said that they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 57.8%.

However, there were areas where the practice was performing below local and national averages. For example:

- 65.8% said the GP surgery currently opens at times that are convenient compared with a CCG average of 74.1% and national average of 73.8%.
- 59.8% of patients were satisfied with the practice's opening hours compared with the CCG average of 74.9% and national average of 75.7%.
- 82% said the last appointment they got was convenient compared with the CCG average of 92% and national average of 91.8%.

As part of our inspection we asked for CQC comment cards to be completed by patients before our inspection. We received 40 comment cards all of these contained positive feedback. Patients described a good service and staff who were caring, helpful and took time to listen and explain

their health needs. Patients told us that they received the care and treatment they needed in a timely manner. However, seven cards included comments about difficulty accessing routine appointments.

On the day of the inspection we spoke with seven patients including two member of the patient PPG. We received mostly positive feedback. However, three patients suggested access to routine appointments was an area that the practice should improve on. We discussed this with the PPG and GP partner. The PPG told us that they do review the results of the GP survey and we saw that the PPG had also completed its own survey and had taken action as a result of patient feedback. This included increasing appointments with the female GP. The GP partner explained that there were challenges in increasing opening times as the practice was in a shared building which was not owned by them. At the time of the inspection the practice had not reviewed the results of the most recent national GP survey published in July 2015.

### Listening and learning from concerns and complaints

The practice had a 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 in the patient information leaflet to help patients understand the complaints system. Patients we spoke with said that they had not needed to make a complaint but were aware of the process to follow if they wished to.

The practice had received two complaints in the last 12 months. We reviewed one complaint and found this was satisfactorily handled. Complaints were discussed with staff during staff meetings to ensure learning and reflection.

# 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. We found details of the vision and practice values were part of the practice's strategy and ongoing development plan. The practice's vision was shared with staff as part of the induction process. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the vision.

### Governance arrangements

Patients were cared for by staff who were aware of their roles and responsibilities for managing risk and improving quality. There were clear governance structures and processes to keep staff informed and engaged in practice matters. These included protected learning time and regular staff meetings. This provided the opportunity to discuss significant events, complaints and share good practice.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice. We looked at some of these policies and procedures and found that most had been reviewed and were up to date. However, we saw that some were generic policies and had not been personalised to the practice. For example, the safeguarding and infection control policy did not include details of identified leads. The practice was aware of this and was in the process of reviewing these policies with the support of a temporary practice manager.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, prescribing audits to help improve outcomes for patients on a particular medicine.

The GP partners at the practice attended meetings with the local Clinical Commissioning Group (CCG). This ensured they were up to date with any changes, one of the GP partners was a CCG board member. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. We saw evidence that the practice engaged well with the CCG. Staff members were actively involved in supporting CCG pilots. One of the GP partners was involved in the Walsall GP Federation. The

aim of the federation was to improve collaborative working with local GP practices and stakeholders in developing services for the local population as well as providing training and support to staff across member practices. For example, a project looking at a GP led home visiting service. Another GP had been involved in developing a template to record the over 75's health check. The practice was involved in supporting trainee nurse prescribers for practices within the CCG to help them achieve their clinical competency.

### Leadership, openness and transparency

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

At the time of the inspection the practice did not have a practice manager in post but there was a temporary manager supporting the practice for example, to develop policies and procedures. However, their role was not clearly defined and they worked across two practices. Staff told us that there was an open culture within the practice and they also had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. The practice development plan included the possibility of merging with another practice which the GPs felt would provide a more clearly defined leadership structure.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The PPG which met regularly and had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had acted on feedback by increasing appointments with the female GP and installing a display monitor with patient health promotion information. However, the practice had not reviewed the results of the most recent national GP survey published in July 2015.

# Are services well-led?

Good 

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

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

## Innovation

The practice team was forward thinking and part of local CCG pilot schemes to improve outcomes for patients in the area. For example, a CCG pilot for hypertension. The aim of

the pilot was to help reduce the health risks associated with high blood pressure such as a stroke and involved a pharmacist led clinic to review patients. The practice employed a pharmacist to undertake reviews for patients over the age of 75 years and the pharmacist was also the over 75's care coordinator. This enabled patients to receive their annual health check including a review of their medication and an assessment of risk factors such as dementia screening and potential risk of emergency hospital admissions.