

# Dr Peter Scott

## 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We first inspected Dr Peter Scott's surgery also known as Chester Road Surgery on 17 April 2015 as part of our comprehensive inspection programme. During the inspection we found the practice was in breach of legal requirements and placed into special measures. Following the inspection the practice wrote to us to say what they would do to meet the regulations. We undertook a comprehensive follow up inspection on 20 April 2016 to check that they had followed their plan and to confirm that they met the legal requirements. Overall we found improvements had been made to the concerns raised and as a result of the inspection findings the practice was rated as Good. The full comprehensive reports can be found by selecting the 'all reports' link for Dr Peter Scott on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 23 June 2017 to confirm that the practice had continued to meet the legal requirements. This report covers our findings in relation

to those requirements and also additional improvements made since our last inspection. Overall we found the practice continued to meet all the legal requirements and continues to be rated as Good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff had regular monthly meetings to discuss significant events and lessons learnt. The practice carried out an analysis of each event with a documented action plan.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, this included an effective process for monitoring and actioning safety alerts.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment and the practice had set up a training matrix to monitor that all staff were receiving the appropriate training and updates for their role.

# Summary of findings

- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- Results from the July 2016 national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with a sit and wait service available each morning and urgent appointments available the same day.
- The premises proved a challenge due to lack of space, which the staff managed well.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The GPs encouraged a culture of openness and honesty. The practice had a well established governance framework to support the delivery of safe and effective care.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- From the sample of documented incidents we reviewed, we found there was an effective system for reporting and recording significant events. Staff had regular monthly meetings to discuss significant events and lessons learnt. The practice carried out an analysis of each event with a documented action plan.
- When things went wrong patients were informed as soon as practicable, received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and processes to minimise risks to patient safety and had an effective process in place for monitoring and actioning safety alerts.
- Staff demonstrated that they understood their responsibilities regarding safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an open culture in which all concerns raised by staff were valued and used for learning and improvement.
- The practice had adequate arrangements to respond to emergencies and major incidents; however we did find that two of the recommended medicines to deal with emergencies were not available at the time of inspection. The practice acted on this immediately and we saw evidence to confirm that this has been addressed.

### Are services effective?

Good



- Quality Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to local and national average. The practice used this information to monitor performance against national screening programmes and outcomes for patients.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- There was evidence of appraisals and personal development plans for all staff. Staff had been trained to provide them with

# Summary of findings

the skills and knowledge to deliver effective care and treatment and the practice had effective systems to monitor that all staff were receiving the appropriate training and updates for their role.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care and this was also reflected at our previous inspections.
- National GP patient survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and feedback from patients supported these results.
- Information for patients about the services available was easy to understand and accessible.
- The practice had a carers register and data provided by the practice showed 1% of the practice's population had been identified as carers. There was carers information displayed in the waiting room informing patients of local support available.

## Are services responsive to people's needs?

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national patient survey showed 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- Patients could access appointments and services in a way and at a time that suited them, this included by telephone, online and face to face, with a sit and wait service available each morning and urgent appointments available the same day.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were shared with staff at monthly meetings.

# Summary of findings

## Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The GPs encouraged a culture of openness and honesty. The practice had systems for recording and responding to safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The GPs were skilled in specialist areas and used their expertise to offer additional services to patients. For example, minor surgery and family planning service.

# 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 offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice held weekly meetings with the Care Navigator Service, in conjunction with Age UK Solihull. The Care Navigator Service offered support to older people to find solutions to issues they may face and assists them to navigate and access relevant services that could meet their needs. Since November 2016 the practice had referred 18 patients to the service for further support and assistance.
- Older patients were provided with advice and support to help them to maintain their health and independence for as long as possible. For example, the practice had proactively started to review patients with moderate and severe frailty in conjunction with the Community Matron.
- Documentation provided by the practice showed that patients on the palliative care register were discussed at quarterly meetings and their care needs were co-ordinated with community teams.

### People with long term conditions

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The latest published QOF results (2015/16) showed performance for diabetes related indicators was 90% which was comparable to the CCG average of 93% and the national average of 90%.
- Patients with long-term conditions received annual reviews of their health and medication. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every three months.

# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- One of the staff members, was the practice's named Public Health Champion whose role was to promote local initiatives and organise displays and information in the waiting room to advise patients of support and services available.

## Families, children and young people

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, the midwife held ante-natal clinics once a week and meetings with the health visitors and midwife were held every three months.
- Childhood immunisation rates remained relatively high for all standard childhood immunisations. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice offered a range of family planning services including intrauterine contraceptive device (IUCD) fittings.
- The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 81%.

## Working age people (including those recently retired and students)

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available early morning and late evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. In February 2017 the practice uptake for online services was at 2%. Following a proactive approach to encourage the benefits of using the online facilities the practice had seen an increase to 8% of patients using this service.



# Summary of findings

- The practice offers NHS health checks for patients aged 40-70 years and has a very successful attendance rate. Data provided by the practice showed 325 patients had received a health check in the past 12 months.
- The health care assistant ran an inhouse stop smoking service and 89% of smokers had received smoking cessation advice and data provided by the practice showed that 14 patients had quit smoking in the past six months.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

## People whose circumstances may make them vulnerable

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Unverified data provided by the practice showed 24 patients on the learning disability register and 83% had care plans in place and 94% had received a medication review.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice's computer system alerted GPs if a patient was also a carer. There were 55 patients on the practices register for carers; this was 1% of the practice list.

Good



## People experiencing poor mental health (including people with dementia)

- Patients at risk of dementia were identified and offered an assessment. The latest QOF data (2015/16) showed 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower

Good



# Summary of findings

than the national average of 84%. Unverified data provided by the practice showed 88% of patients had received a face to face review and 100% of patients had a care plan and medication review documented in their records.

- Patients requiring support with mental health needs were referred to Improving Access to Psychological Therapies (IAPT) which is a local counselling team.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data provided by the practice showed 23 patients on the mental health register and the latest QOF data (2015/16) showed 94% of patients on had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# 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. A total of 272 survey forms were distributed and 110 were returned. This represented 3% of the practice's patient list.

- 94% 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%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

- 87% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients told us that the staff listened and excellent care was always provided.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest results of the friends and family test showed 77% of patients were extremely likely or likely to recommend the practice.

# Dr Peter Scott

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

### Background to Dr Peter Scott

Dr Peter Scott's practice is registered with the Care Quality Commission to provide primary medical services. 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 directed enhanced services such as childhood vaccination and immunisation schemes.

The practice is based in a detached property that has been converted and extended. The practice provides primary medical services to approximately 3900 patients in the local community. The

practice was originally run by a lead male GP (provider) with a full-time salaried female GP; however since April 2017 the GPs have formed a practice partnership. The nursing team consists of a practice nurse and healthcare assistant. The non-clinical team consists of two practice managers, administrative and reception staff.

The practice had seen a 13% increase in the past three years of patients registering at the practice. The increase in patients had caused considerable strain on current resources. The area served has higher deprivation compared to England as a whole and ranked at two out of ten, with ten being the least deprived.

The practice is open between the hours of 8am to 6pm on Monday, Tuesday, Thursday and Friday. The practice closed on Wednesday afternoons from 12.30pm. During the day

reception closes from 12.30pm to 1.30pm and the surgery telephone is diverted from 12.30pm to 3.30pm to 'Badger' who are an external out of hours service provider, contracted by the practice. Extended opening hours were provided by the practice on Wednesday mornings from 7am to 8am and Thursday evenings from 6:30pm to 7:30pm.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 27 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and

experienced health care professionals to take on commissioning responsibilities for local health services.

### Why we carried out this inspection

We carried out a comprehensive inspection of Dr Peter Scott's surgery on 17 April 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services. We undertook a further announced comprehensive inspection on 20 April 2016. This inspection was carried out to ensure improvements had been made and 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 provider under the Health and Social Care Act 2008 and associated regulations. We carried out a further

# Detailed findings

comprehensive inspection on 23 June 2017 to ensure the provider continued to meet the legal requirements and regulations associated with the Health and Social Care Act 2008.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the local clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 23 June 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistant, practice managers, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the 12 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all events and these were discussed with staff at monthly practice meetings. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks.

Staff we spoke with were able to explain processes in place to minimise risks to patient safety, this included systems in place to ensure compliance with alerts received from central alerting system (CAS) and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). All alerts were discussed at monthly practice meetings. For example, searches had been carried in response to an MHRA alert regarding Sodium Valproate (a medicine used to treat epilepsy and bipolar disorder and to prevent migraine headaches) and the links to pregnant women. Patients on the medicine were reviewed by the GPs and offered advice and support to ensure compliance with recommended guidelines.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Members of the nursing team had received child safeguarding level two and safeguarding adults training. Non-clinical staff were trained to level one child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed in April 2017 and the practice had achieved 98%. An action plan was in place which identified that written audits had not been completed to monitor the effectiveness of the cleaning schedules. We saw evidence to confirm that this had been actioned and a system was in place to record checks carried out.
- The practice had immunisation records for staff and there was an effective system in place to ensure all staff were up to date with their immunisations.

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits with the support of the local clinical commissioning group pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and regular risk assessments were carried out.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last review of equipment had been completed in June 2017.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely, however we did find that two of the recommended medicines to deal with medical emergencies were not available at the time of inspection. The practice acted on this immediately and we saw evidence to confirm that the practice had reviewed risks and had access to adequate medicines.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 (2015/16) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting was 3% which was lower than the CCG average of 8% and the national average of 10%. (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 2015/16 showed:

- Performance for diabetes related indicators was 90% which was comparable to the CCG average of 93% and the national average of 90%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 96% and the national average of 93%. Exception reporting rate was 2%, which was lower than the CCG average of 10% and the national average of 11%

There was evidence of quality improvement including clinical audit:

- We saw evidence that 12 clinical audits had been undertaken in the past two years. We reviewed three of the audits to see what improvements had been implemented. For example, the practice carried out an audit to see whether patients on hypnotic drug therapy to ensure that these patients have been given information regarding problems associated with their long-term use and to provide support for the reduction of these medicines. Hypnotic drugs are used only for the management of insomnia, which is severe, disabling or causing intolerable stress. The first audit in March 2015 showed 92 patients were taking hypnotics and a review of each patient was completed and at the second audit in March 2016 this had reduced to 42 patients and a further reduction was seen in March 2017 to 41 patients. The practice told us they will review this audit in 12 months' time.
- The provider had set up a schedule of audits to be carried out through the year, this included a review of the quality of care provided in relation to evidence based guidance. For example, with the support of the support pharmacist the practice had taken recent action to reduce antibiotic prescribing by reviewing evidence based guidance..

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Data provided by the practice showed nine patients on the palliative care register. Documentation shared by the practice showed that these patients had care plans in place and they were regularly reviewed. We saw evidence to support that patients were discussed at quarterly meetings and their care needs were co-ordinated with community teams.

There were 24 patients on the learning disability register and 83% had care plans in place and 94% had received a medication review. These patients were discussed as part of multi disciplinary team meetings to support the needs of patients and their families.

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and data provided by the practice showed 31 patients were on the register and the practice referred patients for further support to the local addiction service.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice offers NHS health checks for patients aged 40-70 years and has a very successful attendance rate. Data provided by the practice showed 325 patients had received a health check in the past 12 months.
- The health care assistant ran an inhouse stop smoking service. Unverified data provided by the practice showed 89% of smokers had received smoking cessation advice and 14 patients had quit smoking in the past six months.
- One of the staff members, was the practice's named Public Health Champion whose role was to promote local initiatives and organise displays and information in the waiting room to advise patients of support and services available.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of

# Are services effective?

(for example, treatment is effective)

81% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were comparable to the CCG and national averages. For example:

- 69% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.

- 55% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the CCG and national averages. For example, rates for vaccines given to under two year olds were 95% to 100% in comparison to the national average of 90% and five year olds ranged from 97% to 100% in comparison to the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 98% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Results for helpfulness of receptionists showed:

- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

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

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% 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%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

## Are services caring?

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- A hearing loop was available for patients who had hearing difficulties.
- Information leaflets were available in easy read format.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday morning and Thursday evening for patients who could not attend during normal opening hours.
- There were longer appointments 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.
- The practice used a text messaging service to remind patients of their appointments.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- A sit and wait service was available each morning for children and those patients with medical problems that required same day consultation.
- The practice offered a range of family planning services including intrauterine contraceptive device (IUCD) fittings.
- Patients were able to receive a range of minor surgery services, including joint injections.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics for vaccines.
- There were accessible facilities, which included baby changing facilities, a disabled toilet, a hearing loop to support patients with hearing difficulties and interpretation services were available.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- We saw examples of joint working with midwives and the midwife ran an antenatal clinic once a week.
- Patients requiring support with mental health needs were referred to the local Improving Access to Psychological Therapies (IAPT) counselling team..
- The practice held weekly meetings with the Care Navigator Service, in conjunction with Age UK Solihull.

The Care Navigator Service offered support to older people to find solutions to issues they may face and assists them to navigate and access relevant services that could meet their needs. Data provided by the practice showed that since November 2016 the practice had referred 18 patients to the service for further support and assistance.

- Other reasonable adjustments were made and action taken to remove barriers when patients find it hard to use or access services. For example, the practice had proactively started to review patients with moderate and severe frailty in conjunction with the Community Matron.

### Access to the service

The practice was open between the hours of 8am to 6pm on Monday, Tuesday, Thursday and Friday. The practice closed on Wednesday afternoons from 12.30pm. During the day reception closed from 12.30pm to 1.30pm. The practice offered a sit and wait service from 8.30am to 10.30am every morning and prebookable appointments from 4pm to 6pm every evening except Wednesday. Extended hours appointments were offered on a Wednesday morning from 7am to 8am and Thursday evening from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available on the day for patients that needed them. Badger was the out-of-hours (OOH) service provider when the practice was closed.

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

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and found the sit and wait service useful as they were able to see a GP on the same day.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available in the waiting room.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends. Documentation viewed showed that action was taken to improve the quality of care. All complaints were discussed at monthly staff meetings.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and on the staff noticeboard and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the GPs had a specialist interest in sexual health.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The provider was aware of and 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice demonstrated joint working with other health care providers. Members of the management team provided evidence of a range of multi-disciplinary meetings with district nurses and health visitors to monitor vulnerable patients.
- Staff told us the practice held monthly team meetings and we saw minutes of meetings to confirm that regular meetings were in place.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. At the last inspection the practice told us they had found it challenging to get patients to join the PPG and at their first meeting in April 2016, three patients had attended.

# Are services well-led?

Good 

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

We saw evidence to confirm that this number had increased and the group now had between four to seven patients attend each meeting. There was a standing meeting agenda and an action plan in place. members of the PPG we spoke with explained that the group met on a monthly basis.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

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

- The practice held weekly meetings with the Care Navigator Service, in conjunction with Age UK Solihull. The Care Navigator Service offered support to older people to find solutions to issues they may face and assists them to navigate and access relevant services that could meet their needs. The practice proactively referred patients to the service for further support and assistance.
- Older patients were provided with advice and support to help them to maintain their health and independence for as long as possible. For example, the practice proactively review patients with moderate and severe frailty in conjunction with the Community Matron.