

Warley Road Surgery

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 carried out an announced comprehensive inspection at Warley Road Surgery on 3 June 2016. Overall the practice is rated as Good.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns. Information about safety was recorded, monitored, reviewed and addressed.
- Most risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with 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.
- Patients told us they found difficulties getting pre-booked appointments and the appointment system was under review. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

We saw a number of areas where the practice should make improvements.

The practice should:

- Review the system for managing alerts received to include confirmation that appropriate actions have been taken.
- Ensure all emergency equipment is regularly checked.
- Consider how attendance of bowel cancer screening could be promoted to patients to improve the uptake.
- Continue to monitor the avoidable admissions and target a reduction to bring the practice into line with local and national averages.

Summary of findings

- Review the patient survey results for aspects of care and consider how improvements could be made.
- Explore ways to prevent confidentiality being compromised by conversations being overheard.

We saw one outstanding features:

- The practice had taken steps to address the large number of patients on the list with reading and writing difficulties, for example, the clinicians checked and identified patient's literacy and the receptionists supported patients with the completion of forms.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse.
- The practice had well maintained facilities and equipment.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that appropriate checks on staff were completed.
- There was a comprehensive training programme for staff. For example, safeguarding and chaperoning.
- Risks to patients and staff were assessed and regularly reviewed. A risk log listed all identified hazards. However, monitoring checks on emergency equipment shared with a neighbouring practice had not been completed.
- Fire drills were carried out annually. However there was no visitor's log to detail who was in the building in the event of a fire evacuation.
- There was a robust system to securely store and track blank prescriptions throughout the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above both local and national averages. The practice achieved 98% of the total number of points available in 2014/15
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice below local and national averages for indicators in most aspects of care.
- The patient comment cards spoke of a caring, personal service provided by the GP partner.
- Information for patients about the services available was easy to understand and accessible.
- Patient confidentiality was maintained with secure storage of records and with telephone calls fielded out of earshot, but conversations in the consulting rooms could be overheard from some areas of the waiting room.
- Home visits were given to patients when they had difficulty or were unable to attend the practice.
- The practice held a carers' register and highlighted to staff when patients also acted as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Feedback on the availability of appointments was negative but steps recently taken increased the number of appointments available.
- Same day appointments were available for children and those with serious medical conditions at the discretion of the GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The exception was a lack of disabled facilities.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice showed awareness of health problems specific to the local population.
- Patient feedback was sought and acted on and there was an established patient participation group.

Are services well-led?

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

Good



- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families.

Summary of findings

- The practice had a written business plan and mission statement.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity and had an audit trail to evidence staff awareness.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included documented learning outcomes from events and audits.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP partner and business partner were aware of the practice performance and the specific requirements of their patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Every patient aged 75 and over had a named GP, were offered an annual health check and all hospital admissions were reviewed. The practice offered proactive, personalised care to meet the needs of the older people. All patients over the age of 75 who were identified as at risk of hospital admission had a completed care plan. The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. The practice engaged with a local project where elderly patients could be referred to for support with health and social needs such as social isolation and medical ailments. Assessors from the service were invited to the monthly multidisciplinary team (MDT) meetings. A register was kept of patients aged 65 and over who were at risk of a fall or who had experienced a fall in the past 12 months. These patients were signposted to a local falls assessment team. The practice served as a hub the Salvation Army to provide winter packs to the elderly. The practice had identified and supported patients who were also carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had recognised a high prevalence for diabetes and employed a nurse specialist in diabetes. In addition monthly Diabetes, Insulin and Carbohydrate Education (DICE) clinics were held at the practice and bi-monthly clinics for uncontrolled diabetics were held by the GP with a diabetes specialist. Patients were assessed on their clinical needs and extra support offered if seen as beneficial. A robust patient recall system ensured that patients were invited in for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long-term conditions. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long-term conditions and those at risk of hospital admissions. All staff had access to a directory of local services that was a database of services targeted at promotion of wellbeing, for example, exercise classes. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a

Good



Summary of findings

multidisciplinary package of care. The practice held a list of palliative patients and a GP partner acted as palliative care lead. The gold standards framework was used to provide the framework for end of life care.

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 who were at risk, for example, children and young people who had protection plans in place. Children who did not attend appointments were followed up or reported to the health visitor. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group (CCG) averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies in a weekly midwife led clinic held at the practice.

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 to ensure these were accessible, flexible and offered continuity of care. This included a recent addition of Saturday morning opening. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered a health check with the nursing team to all patients aged between 40 and 75. The practice offered a full range of health promotion and screening that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with language, hearing and sight difficulties. A translation service was available for non-English speaking patients. The practice had taken steps to address the large number of illiterate patients on the list, for example, the clinicians checked and identified patient's literacy. Four out of 16 CQC comment cards were assisted by receptionists.

Good



Summary of findings

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. All twelve patients on the learning disabilities register had received annual health checks in the preceding 12 months. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning. A specialist learning disability nurse attended the reviews to support the GP.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example, there were posters for a local young carers group. 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.

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). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in at risk groups and the practice carried out advance care planning for patients with dementia. Home support packs provided by Dementia UK had been made available from the practice. These packs included various memory enhancing stickers to be used in the home.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs and worked with Buds, a local voluntary organisation that provided outreach services to dementia patients.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Good



Summary of findings

What people who use the service say

We collected 16 Care Quality Commission (CQC) comment cards. The comment cards included comments that complimented the practice on providing a caring service. However two negative comments from patients that found difficulties when making an appointment.

The national GP patient survey results published on 7 January 2016 evidenced a level of patient satisfaction similar to both local and national averages. For example:

- 92% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 92%.
- 65% of respondents described their experience of making an appointment as good compared with the CCG average of 63% and national average of 73%.

The patient feedback for general questions about the practice was significantly lower than local and national averages. For example:

- 47% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 67% and national average of 79%.
- 51% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 62% and national average of 73%.

There were 403 surveys sent out and 85 sent back, a response rate of 21%.

Warley Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Warley Road Surgery

Warley Road Surgery is located in Oldbury, Birmingham. The area has high levels of deprivation and high rates of unemployment when compared to national averages.

The practice was established 37 years ago and has always been situated in a building previously a domestic dwelling. The building is on two storeys and has treatment rooms on both floors. The practice has plans to relocate or expand the existing premises to increase the number of services that could be provided with sufficient space. The building currently consists of two treatment rooms, a patient toilet, patient waiting area and reception on the ground floor. On the first floor, there is a treatment room, staff/patient toilet (with baby changing facilities) and two offices.

The practice has a list size of 3,200 patients. The population distribution shows higher than average number of patients under the age of 18 and lower numbers of patients aged 65 years and over. The ethnicity data for the practice shows a large population of ethnic minority groups; 34% of patients are Asian and 51% white British. The practice population is static and the local population has remained static.

The practice is a partnership between a female GP and a non-clinical partner. The partners are supported by locum

GPs. The GPs work a combined number of sessions equal to 1.5 full time equivalents. The GPs are assisted by a practice nurse prescriber, a long term locum practice nurse prescriber, a part time practice nurse and a healthcare assistant. The administration team consists of a practice manager, a senior receptionist, a medical secretary and two reception/administration staff.

The practice opens from 8am to 6.30pm, Monday to Friday. Consulting times in the morning are from 9.30am to 11.30am and in the afternoon from 4.30pm to 6.30pm. The practice offers extended hours up until 7pm on a Tuesday, Wednesday and Thursday, and from 9.30am to 12.30pm on a Saturday. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Primecare. The nearest hospital with an A&E unit and a walk in service is Sandwell General Hospital. The nearest walk in centre is Parsonage Street Health Centre.

Why we carried out this inspection

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

Detailed findings

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 the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 3 June 2016.

We spoke with a range of staff including GP and non-clinical partners, nurses, healthcare assistant and administration staff during our visit. We sought the views of patients through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. There had been eight events recorded in the preceding 12 months. A summary of the past 12 months and minutes of practice meetings demonstrated learning was shared and protocols changed.

- The GP partner was responsible for significant events and any incidents were recorded on a form available on the practice's computer system.
- An informal meeting was held with appropriate individuals after a significant event had been recorded. Risk assessment forms were completed when appropriate.
- The practice carried out timely analysis of individual significant events at regular practice meetings and learning outcomes were shared as a group or individually when appropriate.

One example was of a patient on high risk medication who was given the incorrect dose. As a result, all prescriptions for high risk medicines were changed from repeat to acute so that a GP reviewed the patient for each request.

We reviewed safety records, incident reports and national patient safety alerts. There was a record of alerts received, for example, alerts sent from the Medicines and Healthcare Products Regulatory Agency (MHRA). The records did not include how the alerts were disseminated and confirmation that appropriate actions had been taken.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All practice staff could access information through a central store of electronic documents. A culture to encourage Duty of Candour was evident although staff had not received formal training. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and 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. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs had attended level three training in safeguarding. The GP partner was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.
- Administration staff had completed in house safeguarding training. Safeguarding to discuss vulnerable children was discussed at ad hoc meetings with the health visitor and at the quarterly practice meetings.
- Notices in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had completed a Disclosure and Barring Service (DBS) check. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) had been adopted for the healthcare assistant.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, DBS checks when appropriate and written references. Completed induction programmes were seen for recently appointed staff members.
- Repeat prescribing was undertaken in line with national guidance. Uncollected scripts were monitored weekly. The practice used a risk assessment tool to audit repeat prescribing.

Are services safe?

- Prescription forms and pads were securely stored and there was a tracking system in place for the prescription pads.
- Arrangements for storing medicines, including emergency medication and vaccinations, in the practice kept patients safe. There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- The practice had a robust system to monitor patients on high risk medications.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training that included fire safety. Regular fire drills had been completed and fire risk assessments had been carried out by the appointed fire officer. However there was no visitor log to provide a record of who was in the building.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually. No hard wire test had been completed but we saw that a test had been planned.
- The practice had an internal buddy system with a local practice to provide cover for holidays and absence.
- Infection prevention control (IPC) audits were last undertaken in February 2016. An action plan produced was completed or planned, for example, a monthly cleaning audit was implemented. Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks identified had been carried out.

- A comprehensive programme of risk assessments was seen to have been completed. For example; manual handling and lone working. There was a written risk log that identified risks.

Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system as part of the clinical software system.
- All staff had received updated training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available.
- The practice had emergency equipment that included pulse oximeters (to measure the level of oxygen in a patient's bloodstream), but these did not include an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm) nor oxygen. A risk assessment had been completed and an arrangement was in place to use the equipment from a nearby surgery. We reviewed the risk assessment and it did not include any checks on the equipment and did not follow best practice. Evidence sent within five days of the inspection demonstrated that oxygen had been procured.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. The copy was kept off site by the practice and a copy was available to all staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.

The practice had a register of twelve patients with learning disabilities. Annual reviews had been completed on all twelve patients for the year ending 31 March 2017. The GP conducted the reviews with the healthcare assistant and a nurse from the mental health community team.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 98% of the total number of points available in 2014/15. This was above both the CCG average of 93% and the national average of 95%.
- Clinical exception reporting was 7.1%. This was lower than the CCG average of 8.8% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was exempted.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was just below the national average. For example, 74% of

patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75% and national average of 78%.

- Performance for mental health related indicators was better than the national average. For example, 94% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. No patients had been excepted, when compared with the CCG average exception rate of 12% and national average of 13%.

We looked at the practice QOF performance for 2015/16. The data had not been validated but we saw that the practice had gained maximum points.

There had been two clinical audits in the last year. Second cycles evidenced that improvements had been made. The audits included a review of atrial fibrillation (AF) completed in conjunction with the CCG medicines optimisation pharmacist to optimise medication used to treat AF and review dates had been planned for completion of a second cycle audit.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

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

- The GP and nurses co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- The practice provided training for all staff. It covered such topics as safeguarding, basic life support and chaperoning.
- All staff felt supported in their daily work. Annual appraisals had been planned or completed in the preceding 12 months.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services.

Are services effective?

(for example, treatment is effective)

Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were done for all patients who had care plans. We saw evidence that that reviews had been completed at least once every year.
- The practice team held regular meetings with other professionals, including palliative care and community nurses. Meetings were used to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list, and review the care plan annually.

The practice had above average numbers of patients with emergency admissions for 19 ambulatory care sensitive conditions. Admission rates were above CCG and national averages. The rate of referrals per 1000 patients was 26; the CCG average was 18 the national average was 15 per 1000 patients.

The data from the Health and Social Care Information Centre (HSCIC) practice was for the year ending 31 March 2015. Practice staff were aware and stated that the GP reviewed all patient contacts with the out of hours and emergency hospital departments. The scheme to avoid hospital admissions was in place and the practice believed would result a reduction in the emergency admission rates over time.

Consent to care and treatment

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

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was documented. This process was regularly audited to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years were invited to attend for a NHS Health Check with the practice nurse. Any concerns were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was similar to local and national averages.

- The practice's uptake for the cervical screening programme within the target period was 80% which was the same as the CCG average but slightly below the national average of 82%.
- 64% of eligible females aged 50-70 attended screening to detect breast cancer. This was slightly lower than the CCG average of 69% and national average of 72%.

However the number of patients engaged with the national screening programme for bowel cancer was significantly lower than local and national averages.

Are services effective?

(for example, treatment is effective)

- 33% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 47% and national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Data published by NHS England showed uptake rates to be higher than CCG and national averages in 17 of the 18 vaccinations for children up to five years of age.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk. The reception hatch was screened off and this provided confidentiality when phone calls were responded to. The doors to the clinical rooms remained closed during consultations but conversations in the GP room could be heard if standing or seated near the door. Staff meeting minutes highlighted that this had been identified and we were told that plans for the new building included soundproofed doors, however consideration had not been given to resolving the issue prior to this.

We collected 16 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced and complimented the practice on the translation services from staff. Patients said they felt the practice staff offered a caring, friendly service. Two negative comments raised concerns about the waiting time for a GP appointment.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting room and in nurse treatment room. There was no sign at the reception desk advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 403 patients to submit their views on the practice, a total of 85 forms were returned. This gave a return rate of 21%.

The results from the GP national patient survey showed an overall below average performance when patients were asked how they were treated by practice staff. The practice had satisfaction rates below both local and national averages. For example:

- 75% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 81% and national average of 87%.

- 65% said they found the receptionists at the surgery helpful compared to the CCG average of 81% and national average of 87%. The practice were aware of the survey data and had arranged customer service training for reception staff.

However, the feedback on nurses was above both local and national averages:

- 94% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 87% and national average of 91%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patient satisfaction was comparable with both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in January 2016 showed:

- 73% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 76% and national average of 81%.
- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 84% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 85%.
- 82% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carers' register that numbered 65 patients (equivalent to 2% of the practice population).. There was a notice board for carers positioned in the practice waiting room, posters displayed had been

Are services caring?

translated and a carer's pack included information on local support services. The practice used the route to wellbeing for signposting support services, for example, for respite care.

Patients gave positive accounts of when they had received support to cope with care and treatment, particularly in relation to the translation services made available.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. There was an alert on the system to identify patients who also acted as carers.

If a patient experienced bereavement, practice staff told us that the senior GP would speak to the family on the telephone and we were told that normally a home visit would be made on the same or next day. Families were signposted to services, for example, the local temple provided a support network for the Sikh community. When a child lost a parent, the practice liaised with the school nurse and referred to CRUISE for bereavement support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice provided online services for patients to book appointments and order repeat prescriptions. However they were not able to access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits from a GP were available for older patients and patients who would benefit from these.
- Same day appointments were available at the discretion of the GP for children and those with serious medical conditions.
- The practice told us that there were some patients who were wheelchair users registered at the practice, staff were aware and supported them into the building. Treatment rooms were available on the ground floor. The practice had drawn up plans to make significant improvements to the current premises pending the outcome of a planned relocation to new purpose built premises.
- The staff spoke Punjabi and Urdu and access to a translation service was available for patients through SILCS, a locally commissioned service that provided translators.
- There was no hearing loop at the reception desk. However the practice stated that they had no patients on their register that needed to use such a device.
- Baby changing facilities were available in the upstairs toilet and were readily signposted.
- The practice recognised that screening uptakes were low, including those provided as community services, for example, breast screening, and the practice had implemented a recall system for non-attenders to be reviewed by the female GP. This system had also been started for patients who could not read and write. There was no known figure for patients unable to read and write but four out of 16 comment cards noted that assistance was required with completion.
- The practice used a health to wellbeing service. This was a web portal on every member of staff's desktop. For

example, when asked, a patient had been signposted for yoga support to reduce her stress levels. The practice recognised social isolation, and used the portal to provide contact details for two local yoga groups, a luncheon club, a dance class and a community garden project. All staff had been challenged to use the portal once a day.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required and to elderly care and falls assessors when appropriate. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every quarter were attended by district nurses, the community matron, social services and the healthcare visitor.

Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday. Consulting times in the morning were from 9am to midday and in the afternoon from 4.30pm to 6.30pm. The practice extended the opening hours to 7pm on a Tuesday, Wednesday and Thursday and on a Saturday morning from 9.30am to 12.30pm. When the practice was closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. A local practice provided clinical cover on a Wednesday afternoon for urgent appointments. The practice had opted out of providing an out of hours service choosing instead to use a third party provider, Primecare. The nearest hospital with an A&E unit and a walk in service was Sandwell General Hospital. The nearest walk in centre was Parsonage Street Health Centre.

A limited number of pre-bookable GP appointments could be booked up to two weeks in advance or at the request of a clinician. The majority of appointments were made available on the same day. Pre-bookable appointments could be made up to a month in advance with a nurse. Same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day with the GP and the nurse. We saw that there were urgent appointments available with GPs for the same day and with nurse within two working days. We were told that urgent

Are services responsive to people's needs?

(for example, to feedback?)

appointment requests would be put to the GP and accommodated following a clinical assessment. Arrangements were in place for planning and monitoring the number of staff on reception.

Results from the national GP patient survey published in January 2016 showed overall lower rates of satisfaction for indicators that related to access when compared to local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 92% of patients said the last appointment they made was convenient compared to the CCG average of 88% and national average 92%.
- 51% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 62% and national average of 73%.
- 56% of patients were able to secure an appointment the last time they tried compared to the CCG average of 63% and national average of 76%.

This was supported by patients' comments on the day of inspection. Two of the 16 patients who completed a comment card raised difficulty with access to appointments. The practice said that they were aware of the problems and had made changes in April 2016 to address the issues; the practice had recently started opening on a Saturday morning and this had increased the availability of GP appointments by 18 per week. In addition,

the recruitment of an additional male GP was close to finalisation and, once in post, would increase the weekly number of GP appointments available at the practice by 54 per week.

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 staff member who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a dedicated leaflet. There was a suggestions box in the waiting room but comment/complaint leaflets were not visible and available for patients although a notice advised patients how to make a complaint. There was an information leaflet regarding the Patient Advisory Liaison Service (PALS).

The practice had received three complaints in the last 12 months. We saw that complaints made verbally were recorded as well and those made in writing. The complaints had been investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. When appropriate, the practice provided apologies to patients both verbally and in writing. Two of the three complaints were reviewed as part of the inspection. The practice was seen to have responded in a timely manner and offered an apology and explanation to the patient.

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 written mission statement. The practice had developed plans to relocate to new premises as part of a regeneration project. There was a plan to increase the number of GP appointments that was near completion with the recruitment of a new GP.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with demonstrated an awareness of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were reviewed annually. These were available to all staff and an audit trail was in place to record that staff had read and understood individual policies.
- Clinical audits were used to monitor quality and to make improvements. Results were circulated and discussed in practice meetings.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating action.
- A comprehensive understanding of the performance of the practice was maintained.

Leadership, openness and transparency

The leadership team within 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 GP partner and business partner were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. Staff spoke of a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- The practice had a regular programme of practice meetings. These included a monthly practice meeting and a monthly multidisciplinary team meeting.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

The practice had an established Patient Participation Group (PPG) for which the members reflected the ethnic diversity of the population group. The group had worked with the practice to promote the online services. Annual patient questionnaires were collated by the group and follow up actions agreed with practice staff. For example, discussions had taken place over patient dissatisfaction with availability of appointments and the group planned to work with the practice on the introduction of a new appointment system. The new system was based on more same day and next day access aimed at reducing the number of patients who did not attend a pre-booked appointment. The chairperson had agreed to become a patient champion, a voluntary role that included face to face support meetings.