

Hobmoor Road Surgery

Quality Report

533 Hobmoor Road,
Yardley,
Birmingham,
West Midlands
B25 8TH

Tel: 0844 477 2479

Website: www.hobmoorroadsurgery.co.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hobmoor Road Surgery on 11 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and generally well managed with the exception of the arrangements in place to respond appropriately to a medical emergency.
 - Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and further training needs had been identified and planned.

- Patients we spoke with and completed comment cards told us that the staff at the practice and the service provided was very good and staff were kind and respectful. The national GP survey (published July 2015) showed that patients who responded had mixed views for example in relation to being involved in their care and decisions about their treatment. We saw that the practice was taking steps to address this.
- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to make an appointment with their preferred GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.

The area where the provider must make improvements is:

Summary of findings

- Complete a risk assessment to demonstrate how the practice would manage an emergency which might require the use of oxygen which was not available in the practice at the time of the inspection.
- Strengthen the complaints management process to identify and record the steps taken to prevent a recurrence of the complaint.

In addition the provider should:

- Review the results of the 2015 national GP patient survey and act on areas for improvements to increase patients' experience and satisfaction of the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed with the exception of the arrangements in place to respond appropriately to a medical emergency.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. For example the practice had achieved 99.6% of Quality Outcome Framework points available. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals; however we did not see personal development plans for individual staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients had mixed views about the service provided by the practice. Patients we spoke with and patient feedback in completed comment cards (40 patients in total) told us that patients were treated with compassion, dignity and respect and they felt the service provided by the practice was excellent. Feedback from the national patient survey July 2015 showed a number of areas where patient satisfaction scores on consultations with GPs were below the clinical commissioning group (CCG) and national averages. However, we saw that the practice was taking steps to address this. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Most patients said they found it easy to make an appointment with their preferred GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice 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.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

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

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

There were 444 survey forms distributed for Hobmoor Road Surgery for the national GP patient survey published on 4 July 2015 and 88 forms were returned. This was a response rate of 19.8% and 3% of the practice population. The results showed the practice was performing in line or above local and national averages in some areas for example:

- 93.5% found it easy to get through to this surgery by phone which was above the Clinical Commissioning Group (CCG) average of 62% and a national average of 74.4%.
- 74.3% with a preferred GP usually got to see or speak to that GP which was above the CCG average of 57.7% and a national average of 60.5%.
- 88.2% found the receptionists at this surgery helpful which was similar to the CCG average of 82.8% and a national average of 86.9%.
- 60.3% usually waited 15 minutes or less after their appointment time which was similar to the CCG average of 61.8% and national average of 65.2%.
- 87.7% said the last appointment they got was convenient which was similar to the CCG average of 90.4% and national average of 91.8%.

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

- 72.1% were able to get an appointment to see or speak to someone the last time they tried, which was below the CCG average of 81.8% and national average of 85.4%.
- 37.5% felt they did not normally have to wait too long to be seen which was below the CCG average of 54.3% and a national average of 57.8%.
- 65.7% said the last GP they saw or spoke to was good at listening to them which was below the CCG average of 87.8% and a national average of 88.6%.
- 59.7% said the last GP they saw was good at involving them in decisions about their care and treatment which was below the CCG average of 80.3% and a national average of 81.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards and all but four contained strongly positive feedback about the standard of care received, however we did not see any patterns of concerns that could be addressed. In addition, four patients told us that they felt the service they got from the practice was good and caring, however they said they had to wait up to four days to get an appointment.

Areas for improvement

Action the service **MUST** take to improve

- Complete a risk assessment to demonstrate how the practice would manage an emergency which might require the use of oxygen which was not available in the practice at the time of the inspection.

Action the service **SHOULD** take to improve

- Review the results of the 2015 national GP patient survey and act on areas for improvements to increase patients' experience and satisfaction of the service.
- Strengthen the complaints management process to identify and record the steps taken to prevent a recurrence of the complaint.

Hobmoor Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hobmoor Road Surgery

Hobmoor Road Surgery is located in Yardley, an area in the east of Birmingham, in the West Midlands. Hobmoor Road Surgery currently provides services to 3005 registered patients and has a higher percentage of patients aged five years to eighteen years of age than the national average.

The practice has one principal GP, (male) three locum GPs (two male and one female), one advanced nurse practitioner, a locum practice nurse, a practice manager, an assistant practice manager and three administrative/reception staff.

The practice treats patients of all ages and provides a range of medical services. This includes chronic disease management for examples diabetes and chronic obstructive pulmonary disease (lung disease). It also offers childhood immunisations, family planning, smoking cessation and a minor surgery (joint injection) service.

The practice is open for appointments on a Monday from 8.30am to 8pm, on Tuesday, Wednesday and Friday from 8.30am to 6.30pm and on a Thursday 8.30am to 1pm each week. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that need them. There is also a facility to book appointments on line.

The late evening session is for pre-booked appointments only and useful for those patients who have work commitments. The practice is closed at weekends. Home visits are available for patients who are too ill to attend the practice for appointments.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Why we carried out this inspection

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

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

How we carried out this inspection

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

Detailed findings

- 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 the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 August 2015. During the inspection we spoke with a range of staff, including the principal GP, the practice manager, the assistant practice manager, the advanced nurse practitioner, two receptionists and the chair of the patient participation group (PPG). We also spoke with four patients who used the service. We reviewed 36 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the assistant practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event.

The practice carried out an annual analysis of the significant events and action was recorded. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was an occasion where repeat medication had not been updated and this was seen to be investigated and lessons discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, 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. There was a lead member of staff for safeguarding. The principal GP attended safeguarding meetings if possible and always provided reports when required by other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS)
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification (although no photographic identification was seen), references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

defibrillator (a machine used to restart a person's heart in an emergency) and a nebuliser (a machine to deliver asthma medication through a face mask or mouthpiece) available on the premises. There was a first aid kit and accident book available at the practice. 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 fit for use.

However, there was no oxygen available at the practice or a risk assessment to demonstrate how the practice would manage an emergency which might require the use of oxygen.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.6% of the total number of points available, with 6.4% exception reporting. (Exception reporting was introduced into the QOF in order to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review or where a medicine cannot be prescribed due to a contraindication or side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 89.27% and better than the national average of 83.11%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.27% and better than the national average of 83.11%.
- Performance for mental health related indicators at the practice was 99.1% and better than the CCG average of 91.4% and the national average of 90.4%. Performance for hypertension indicators at the practice was 99.8% and also better than the CCG average of 88.1% and the national average of 88.4%.
- The dementia diagnosis rate was 100% and above the national average of 83.82%, although there was an exception rate of 25% for this indicator.

We saw that the practice carried out clinical audits to improve care and treatment and patients' outcomes.

There had been two clinical audits carried out in the last 12 months. One of these was a completed audit where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example the practice manager told us that the practice was working with the CCG to audit patients who were asthmatic and the effectiveness of their current treatment. Once completed, the audit would inform the action the practice needed to take to improve asthma management in patients where previous treatments had not been successful or had not been followed by the patient.

The practice had also committed to the 'Aspiring to Clinical Excellence' (ACE) programme which was offered to all Birmingham Cross City clinical commissioning group (CCG) practices. ACE is a programme of improvement aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. Achievement of ACE is verified by a practice appraisal process by the CCG. The practice was working well within this programme and was actively taking steps to reduce the use of antibiotics. The practice appraisal was due to take place next year.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw evidence that all staff had received an appraisal within the last 12 months although we did not see agreed actions or development or training needs included in those records. Staff had access to and made use of e-learning training modules and in-house training. We saw that external training was also provided to staff for dealing with emergencies such as basic life skills.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures and basic life support. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings for those patients who had complex needs took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Staff gave us a number of examples of extra support they had provided to patients such as pre diabetes lifestyle information and advice about sugar consumption.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds from 92.2% to 100%. Flu vaccination rates for the over 65s were 85%, and at risk groups 62%. These were also above the national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Staff gave us a number of examples of how they supported patients and treated them with respect and compassion.

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

Almost all of the 36 patient CQC 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 also spoke with the chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (published July 2015) showed that patients had mixed views about how they were treated. The practice was mostly below average for its satisfaction scores on consultations with GPs. For example:

- 65.7% said the GP was good at listening to them, which was below the clinical commissioning group (CCG) average of 87.8% and national average of 88.6%.
- 67.2% said the GP gave them enough time, which was below the CCG average of 86% and national average of 86.8%.
- 84.2% said they had confidence and trust in the last GP they saw, which was below the CCG average of 94.8% and national average of 95.3%

- 62% said the last GP they spoke to was good at treating them with care and concern, which was below the CCG average of 84.4% and national average of 95.3%.

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

- 95.2% said the last nurse they spoke to was good at treating them with care and concern which was similar to the CCG average of 89.2% and national average of 90.4%.
- 88.2% of patients said they found the receptionists at the practice helpful which was similar to the CCG average of 82.8% and national average of 86.9%.

The practice manager informed us that they were disappointed about these results, however they were taking action to find ways to improve these by discussing them with the PPG, staff and the CCG ACE assessor. The practice manager confirmed that these meetings would be recorded and an action plan developed to try to improve these areas. Following the inspection the practice provided evidence that discussions had taken place at the PPG meeting which had taken place since the inspection to discuss the findings of the national GP survey. Some of the actions taken as result included extending appointment sessions for the principle GP to meet patient demands, discussing the results of the survey with locum GPs and plans to conduct a practice survey to target the areas for improvements.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed (88 patients) showed that not all patients felt involved in planning and making decisions about their care and treatment and results were below the local and national averages. For example:

Are services caring?

- 60% said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 85.3% and national average of 86.3%.
- 59.7% said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 80.3% and national average of 81.5%.

Following the inspection the practice provided evidence that discussions had taken place at the PPG meeting which had taken place since the inspection to discuss the findings of the national GP survey. Some of the actions taken as result included extending appointment sessions for the principle GP to meet patient demands, discussing the results of the survey with locum GPs and plans to conduct a practice survey to target the areas for improvements.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

We saw that the practice was proactive in identifying carers and recording them on the practice IT system. The practice's computer system alerted GPs if a patient was

also a carer. There was a practice register of all people who were carers and 6.5% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. There was a range of information seen in the patient waiting room which told patients how to access a number of support groups and organisations. We were also told how staff helped carers to complete forms to apply for additional support from other organisations if required.

Staff told us that if families had suffered bereavement, they tried to be supportive and offered advice on how to find a support service if required, for example CRUSE the national charity for bereavement care. The advanced nurse practitioner gave us an example of how they had helped a patient with a learning disability when they had to arrange a funeral. Another example they gave was of a patient's spouse who had turned up without an appointment to see the advanced nurse practitioner as they had concerns about the lack of care their relative was receiving at the end of their life. The advanced nurse practitioner contacted the palliative care team to request extra support to the patient and their spouse. Patient feedback in the comments card showed patients felt the staff at the practice were very caring and supportive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was responsive to the needs of patients. There were appropriate systems in place to maintain the level of service provided. The practice understood the needs of its patients and systems were in place to ensure that services were delivered to meet those needs. For example, the advanced nurse practitioner provided flu vaccinations for patients who were housebound or frail in their own homes and was accompanied by the practice manager on these visits.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a late night clinic on a Monday evening until 8pm for working 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 / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice offered an in-house electrocardiogram (ECG) heart monitoring service and a phlebotomy (blood sampling) service.
- There were disabled toilet facilities and translation services available.

Access to the service

The practice was open for appointments on Mondays from 8.30am to 8pm, on Tuesdays, Wednesdays and Fridays from 8.30am to 6.30pm and on Thursdays 8.30am to 1pm each week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. There was also a facility to book appointments on line.

Results from the national GP patient survey (published July 2015) showed that patients' satisfaction with how they could access care and treatment was mixed. For example:

- 93.5% of patients said they could get through easily to the surgery by phone which was above the CCG average of 62% and national average of 74.4%.
- 71.1 % of patients were satisfied with the practice's opening hours which was similar to the CCG average of 72% and the national average of 75.7%.
- 60.3% of patients said they usually waited 15 minutes or less after their appointment time which was similar to the CCG average of 61.8% and the national average of 65.2%.
- 63.3% of patients described their experience of making an appointment as good which was below the CCG average of 67.1% and national average of 73.8%.
- 72.1% were able to get an appointment to see or speak to someone the last time they tried, which was below the CCG average of 81.8% and national average of 85.4%.
- 37.5% felt they did not normally have to wait too long to be seen which was below the CCG average of 54.3% and a national average of 57.8%.
- 56.2% would recommend this surgery to someone new to the area which was below the CCG average of 73.8% and national average of 78%.

Following the inspection the practice provided evidence that discussions had taken place at the PPG meeting which had taken place since the inspection to discuss the findings of the national GP survey. Some of the actions taken as result included extending appointment sessions for the principle GP to meet patient demands, discussing the results of the survey with locum GPs and plans to conduct a practice survey to target the areas for improvements.

Patients we spoke with on the day and feedback in comment cards showed that most patients were able to get appointments when they needed them. Four patients who responded in comment cards said that they felt the service they got from the practice was good and caring, however they said they had to wait up to four days to get an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients to make a complaint in a complaints leaflet, the practice leaflet and on the website. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, although they told us that they had not ever needed to make a complaint.

We looked at complaints received in the last 12 months and found that they had been dealt with in a timely and transparent manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that there had been a complaint about a family planning procedure. An investigation was carried out and the correct procedures had been followed by staff. However, the practice had reviewed the emergency contraception policy as a result of this complaint to ensure all processes were robust.

Although lessons were learnt from complaints and action taken to resolve the complaint, it was not always clear what steps had been taken to prevent a recurrence of the complaint.

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

Staff were committed to ensuring that patients received high quality care and promoted good outcomes for patients. We saw examples of this throughout the inspection and the practice had a business plan which reflected these values. The practice had signed up to be part of a Federation and was actively involved in strategic discussions in clinical commissioning group (CCG) and practice manager meetings.

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.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Clinical and internal audits were carried out to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, with the exception of the arrangements in place to respond appropriately to a medical emergency.

Leadership, openness and transparency

The principal GP and staff in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The principal GP was visible in the practice and staff told us that they were approachable and supportive. The management at the practice encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team

meetings and were confident in doing so. Staff said they felt respected and valued. Staff were encouraged 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and raised proposals for improvements to the practice management team. For example, the PPG had requested a female GP to be part of the team at the practice. The practice had listened to this and at the time of the inspection we saw that the practice had secured a female GP for two sessions per week. The results from the national GP patient survey (published July 2015) showed that patients' satisfaction with how they could access care and treatment and satisfaction scores on consultations with GPs were below local and national averages in a number of areas. However, we saw that the practice was taking steps to address this.

The practice had also 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. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had been part of the 'BLISS' study with Birmingham University for almost two years. This was a research study about chronic obstructive pulmonary disease (COPD) (lung disease). The overall aim of the programme was to evaluate new ways of better identifying and managing patients with COPD in the community.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not taking action to mitigate risks relating to the health and safety of patients of receiving care and treatment.</p> <p>There was no oxygen available at the practice or a risk assessment to demonstrate how the practice would manage an emergency which might require the use of oxygen.</p> <p>This was in breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>