Halesowen Health Centre

Quality Report

Stourside Medical Practice
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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	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. We previously carried out an announced comprehensive inspection in February 2017, the practice was rated Inadequate, with the safe and well-led key questions being rated as inadequate. The practice was rated as requires improvement in effective and good in caring and responsive. We found three breaches of the legal requirements and as a result we issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed.

Following that inspection, the practice was placed in special measures.

On 6 November 2017 we carried out a full comprehensive inspection of the service to follow up and ensure that the improvements had been made to meet the regulations.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The practice overall rating was requires improvement having been rated as requires improvement for providing caring and responsive services. These ratings apply to patients to in each of the population groups:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

Summary of findings

At this inspection we found that significant improvements had been made:

- The practice had clear systems to record, review and share learning from significant events. When incidents did happen, the practice learned from them and improved their processes.
- Health and safety arrangements had been implemented and risks to patients and staff were monitored and actions taken to minimise or mitigate risk. This included improvements in the arrangements for dealing with medical emergencies.
- There was an effective system in place to manage medicines alerts.
- The practice was able to evidence that appropriate checks had been completed on all staff employed. This included any locum staff used on an ad hoc basis.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines. The practice had attracted six new GP's within the last 30 months. Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The surgery had adopted protected learning time (PLT) during the last six months to ensure that all staff had an opportunity for both training and meetings.
- The practice had recruited a practice manager and an effective governance framework had been implemented. There was a set of policies accessible to all staff that was seen to be governing activities carried out within the practice.

There were a number of areas identified where the practice should make improvements:

- Explore how the patient feedback scores in relation to their involvement in planning and making decisions about their care and treatment can be improved.
- Further explore how the patient feedback scores in relation to access to care and treatment can be improved.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Halesowen Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A lead CQC inspector a GP specialist advisor and a second CQC inspector

Background to Halesowen Health Centre

The GP surgery within Halesowen Health Centre is known locally as Stourside Medical Practice. The practice is based within the Halesowen area of Birmingham. There are three surgery locations that form the practice; these consist of the main practice at Halesowen Health Centre and branch sites at Coombswood surgery and Tenlands Road Surgery. All sites were visited as part of this inspection.

The practice offers General Medical Services (GMS) through a contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. Enhanced services are services, which require an enhanced level of service provision above what is required under core GMS contracts.

The local area is within the fifth less deprived decile when compared with both local and national statistics.

There are currently 6,400 patients of various ages registered and cared for across the practice. The practice has more patients aged 40 to 69 than average and less patients aged under 14 than average. The practice has fewer unemployed patients of working age than the average. The practice has fewer than average patients with long-term conditions. These indicators mean that the patients at the practice may make fewer demands on the service.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice website http://www.stoursidenhs.co.uk has up to date information about the practice team and the opening times at all three locations. The entire practice team work at every location.

The practice had opted out of providing out of hours care. Arrangements were in place for

patients at this practice to access a GP at weekends through a scheme for extended hours

provided by 'hub' practices within the locality. Out of hours care is also provided by Malling

Healthcare (provided within Russells Hall hospital) and this can be accessed by dialling NHS 111.

Patients can also attend the walk in service at Russells Hall Hospital.

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?

Detailed findings

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

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

‘Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 November 2017. During our visit we spoke with a range of staff (GP's nurse pharmacist, reception staff, practice manager). We observed how people were being cared and reviewed the personal care or treatment records of patients.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a set of safety policies, which were regularly reviewed and accessible to all staff. Safety information for the practice formed part of the induction programme for new starters and refresher training programme for existing staff. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and had been updated to include the new definitions of safeguarding such as human trafficking and modern day slavery. The policies included who to go to for further guidance or onward referral.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, the practice had a recent event with a homeless patient being referred onwards to social services with a safeguarding issue. They followed the patient through and cared for their physical needs whilst the patient received other interagency support.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken or planned. All clinical staff had DBS checks and Risk assessment had been carried out on non-clinical staff until the DBS process was completed throughout the practice.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had either received or were in the process of obtaining a DBS check.
- There was an effective system to manage infection prevention and control. The clinical commissioning group (CCG) conducted annual infection control audits; the most recent carried out in July 2017. The practice had drawn up an action plan following this, and made the remedial changes required. Anything outstanding was added to the risk register for example; when walls had chips requiring new plaster. These items were then monitored and progressed through the risk register using a traffic light system. The responsibility for the cleaning and maintenance of the property remained with the landlord. We found that cleaning equipment was not stored in line with infection prevention control guidelines. The practice had made the landlord aware and requested that cleaning equipment was to be stored properly.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Annual recalibration records were maintained for clinical equipment for example weighing scales. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The practice had developed a risk register over the last six months, which was managed with a traffic light system.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinical system included the facility to trigger a panic alarm.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice demonstrated good antimicrobial guardianship, for example an audit of the appropriate use of antibiotics to treat a urinary tract infection. The provider was aware of the national initiatives for response to sepsis. Patients who had an immune deficiency, and were therefore at higher risk of infection, were identified on the computer system and offered an urgent same day appointment when needed.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Good

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw demonstrated that information needed to deliver safe care and treatment was accessible to relevant staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- GPs completed electronic referrals on a standard template. Urgent referrals were monitored and reviewed weekly until a hospital letter had been received confirming that the patient had attended. When there was no confirmation the patient was actively followed up. All patients that had not attended a hospital referral were invited to make an appointment with their GP.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationary securely and monitored its use to minimise the risk of fraud.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. For example, the practice had conducted an audit on the treatment of urinary tract infection (UTI). They found only 50% of patients treated for UTI had received the correct dosage of medication. The practice engaged with patients to correct this and shared the results throughout the practice.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues recorded on a dedicated risk register. A traffic light system was used to categorise the severity of risk.
- The practice monitored and reviewed activity to promote safety. For example; the practice had introduced a system for sharing monitoring and managing safety alerts since the last CQC inspection.

Lessons learned and improvements made

The practice demonstrated an open culture for reporting incidents and used them as opportunities for learn and making improvements.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and that the GP and practice manager supported and encouraged them to do so. For example, a requested medication had been printed out as a repeat, and before signing, had been corrected by a GP, which prevented it being issued. This was shared as a near miss at practice meetings to prevent the risk of recurrence.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example one of the three sites had struggled with administrative support. The practice implemented a rotation system to ensure staff worked across all three sites to promote a team ethos and provide regular opportunity to work alongside colleagues.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were assessed using a health outcomes framework that had been formulated using clinical guidelines, for example those provided by The National Institute for Health and Care Excellence (NICE).
- The practice performance was better than the Clinical Commissioning Group (CCG) and national averages for antibiotic prescribing. The number of items the practice prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.78 items compared to the CCG average of 1.19 and the national average of 1.09.
- The percentage of antibiotic items prescribed that were high risk antibiotics (Co-amoxiclav, Cephalosporins or Quinolones) was 3.6%, compared to the CCG of 3.2% the national average of 4.7%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice had a register of 22 housebound patients. These patents were highlighted on the clinical system; home visits were provided when requested and influenza vaccinations were provided at home for those eligible.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12-month period, the practice had invited 526 patients for a health check; 359 patients had attended.
- Patients at risk of osteoporosis (diminishing bone density, which increases risk of fracture) were offered a scan for bone density and when required; had been referred to the local falls service.
- The practice followed up on older patients discharged from hospital to ensure that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, the practice held regular meetings with the community team and the palliative care team.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training for example the lead GP and nurse had completed the CCG training for diabetic care. Prior to this the practice had employed a dedicated diabetic nurse specialist

for a dedicated clinic on a Saturday which ran from November 2016 to October 2017.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were at 96%, which was above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The practice had set up a continuous audit for women on a medication to treat epilepsy to ensure they were advised of the risks should they become pregnant. The practice had an in house midwife and any patients in the at risk group were booked for consultant delivery.

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

- The practice's uptake for cervical screening was 75%, at the time of the inspection, which was in line with the 80% coverage target for the national screening programme. The 80% target is for the year and at the time of the inspection, the practice was in month seven of the year.

Good

Are services effective?

(for example, treatment is effective)

- The practice had systems to encourage eligible patients to have the meningitis vaccine, for example before attending university for the first time. At the time of inspection, 97 of the 201 eligible patients had been vaccinated.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There was a system for monitoring the uptake of health checks and issuing invitations. This was monitored on a monthly basis.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice welcomed patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were clear links to other suitable agencies for further support when required.

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

- The practice had implemented a dedicated carer's assessment for patients who had carer responsibilities and carried out prior to review of the person being cared for. For example, patients with dementia would have their own review and the additional support that their carer received through their related review.
- When a patient had a carer that was not a patient at the practice, that carer was encouraged to see their own GP prior to attending for the review with the person they care for.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice conducted audits in response to national alerts and best practice guidelines. The practice acted on the results of these audits to make improvements to patient treatments and audits were repeated within six months to ensure changes had been embedded. The practice audited health promotion initiatives such as obesity reduction and smoking cessation.

The practice had used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. From the 2015-2016 QOF results the practice were awarded 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%. The overall exception reporting rate was 3% compared with a national average of 6%. (QOF was a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) From the 2015-2016 QOF data, the practice had a higher than average exception reporting rate for patients with a cancer diagnosis receiving a cancer care review. The practice exception rate was 48% compared to the national average exception rate of 25%. The exception rate for 2016-2017 was not available, as the practice no longer submitted QOF data. However, the practice showed us the electronic tool they had introduced to aid diagnosis and referral. This process initiated the care plan and led to a cancer review. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice stopped collecting QOF data at the end of March 2016. After March 2016, the practice collected data from the Dudley CCG Outcomes for Health framework, which the CCG had used to replace QOF. Like the Quality Outcome Framework (QOF), the Dudley Quality Outcomes had a total number of points available and these were compared with the immediate locality and the wider clinical commissioning group (CCG) averages. However the indicators are different from and therefore not comparable with those used for the National QOF framework. The most recent published results for 2016/17 Dudley quality indicators showed that the practice performance was below the CCG average. However, the practice had joined the scheme part way through the year. Analysis of year to date performance demonstrated that performance was in line with CCG averages. For example:

- In 2016/17, 16% of patients with long-term conditions (LTC) had received a holistic comprehensive annual assessment, which included a medication review. The CCG average was 43%. The year to date data for 2017/18

showed that 30% had been completed at the practice compared to a locality average of 34% and a CCG average of 36%. (Patients who had LTC on no medication were automatically excluded from this data).

- In 2016/17, 11% of patients with a long-term condition had a completed care plan co-developed with the patient detailing personalised goals and review on an annual basis. The CCG average was 38%. The year to date data for 2017/18 showed that 42% had been completed at the practice compared to a locality average of 36% and a CCG average of 40%.
- In 2016/17, 15% of patients with a diagnosis of severe mental health who had a cardiovascular disease risk assessment in the past 12 months. The CCG average was 46%. The year to date data for 2017/18 and found that 24% had been completed at the practice compared to a locality average of 39% and a CCG average of 36%.
- In 2016/17, 65% of patients with diabetes whose last recorded specific blood test were within target. The CCG average was 67%. The year to date data for 2017/18 showed that 62% had been completed at the practice compared to a locality average of 57% and a CCG average of 55%.

A dashboard for the indicators was updated monthly and the CCG provided the year to date comparable figures. These were monitored by the practice and the GP and practice manager were aware of how the practice was performing.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice had attracted six new salaried GP's within the last 30 months.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. For example referrals to falls service for frail elderly and to obesity services for children.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. The practice pharmacist reviewed patients who had been discharged from hospital and ensured any necessary adjustments to medication were made and communicated to al treating medical staff.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. There were dedicated GP led monthly meetings to determine the support these patients required. The practice also carried out an annual 'Palliative Care' and 'End of Life' audit which included reviewing the place of death. The audit was completed by the palliative care lead; the results discussed at a clinical meeting and relevant details shared at the palliative care meeting.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. We saw suitable referrals and signposting to additional support for these patients.

Good

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health through health promotion activities and opportunistic targeting through annual health checks.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice acted on the results of the NHS Friends and Family Test and other feedback received by the practice. The practice had received 2,253 responses in the previous 12 months and 88% said they would recommend the practice to a family or friend.
- The practice had scored an overall rating of four out of five based on 83 ratings posted on the NHS Choices website.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 267 surveys were sent out and 102 were returned. This represented about 4% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national averages of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 85%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 90% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 74% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

The practice were aware of the lower scores on GP feedback. They highlighted that there had been considerable changes in personnel in recent times and believed that a consistent team of GPs were now in post and expected this to make a positive difference to future scores. The practice had also developed a new training package for receptionists to improve their communication skills.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. For example, pictorial information and information in larger print was available. The practice website also had areas in larger print. The practice had a tailor made template for nurses to make health action plan for patients with learning disabilities. The template had all of the codes for supporting people with learning disabilities to ensure that they have personalised individual health plans annually.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Requires improvement

Are services caring?

The practice proactively identified patients who were carers. They invited identification at time of registering at the practice and when attending appointment with another patient who was being cared for. Patients with caring responsibilities were identified on the computer system so that additional support and signposting to relevant external agencies could be provided when needed. The practice had identified 101 patients as carers (1.6% of the practice list).

Staff told us that if families had experienced bereavement, the GP who had provided the last treatment would telephone and a hand written card was sent to the family. The practice would contact the regular pharmacy to cancel prescriptions or onward appointments as necessary to support the family. Counselling support was offered and flexible appointments were made available as required.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

The practice were aware of the lower result areas and discussed these at monthly practice meetings to identify further improvements. They were proactively looking to apply lessons learned. For example, the practice had rotated all staff across all three sites.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A private area was available should a patient wish to discuss sensitive issues or their prescriptions.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs, for example; the Dudley Health profile was included within the practice business plan. Seven areas of specific local need for example childhood obesity, teenage pregnancy and hip fracture had services tailored to support these patients. Flexible appointments and advanced booking of appointments were also offered.
- The practice improved services where possible in response to unmet needs. The practice proactively reviewed and audited the needs of their population group to ensure that they could identify areas to improve. For example, they had employed a practice pharmacist.
- The practice made reasonable adjustments when patients found it hard to access services. Of the three surgeries, Coombswood was not wheelchair friendly and the practice clearly identified this on their website, and offered alternative appointments at either of the other sites. All three sites were within a mile and a half of each other. Home visits were available for patients unable to attend the surgery. The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or supported living scheme. The practice welcomed homeless patients and provided flexible appointments and treatments to this vulnerable group of patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had a register of 22 housebound patients. These patients were highlighted on the clinical system, home visits were provided when requested and influenza vaccinations were given in the home to those patients that were eligible.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Children over the age of seven were invited for new patient check when joining the practice. The height and weight of each child was measured and the body mass calculated. Children who required support for obesity were referred to the school nursing service.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, an online enquiries service for non-urgent general health questions.
- Telephone consultations were available for patients unable to attend during normal working hours.
- An electronic booking system and prescription re ordering service were available to support out of hours

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

collection of medication. The practice had access to the reciprocal arrangement scheme for patients within the locality to visit a local GP at another practice offering extended hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Consideration was given to the information these patients might need. For example, there was pictorial information available plus information available in larger print. Suitable sections of the practice website were in large print and colour.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally lower than local and national averages. For example:

- 57% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 69% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 76% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- The practice scored an overall three and a half out of five for access to appointments in the 83 comments posted on the NHS Choices website.

However, the practice performed above average in response to telephone access:

- 82% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average - 71%.
- The practice scored an overall four out of five for telephone access in the 83 comments posted on the NHS Choices website.

The practice had taken steps to improve the access. These included an extension of afternoon sessions to increase GP appointments by 15%. GP appointments had replaced advanced Nurse Practitioner (ANP) appointments. A total of 77% of patient mobile numbers had been obtained and the message service was used for appointment confirmation, cancellation and reminders. The practice had promoted the use of online services and registration to use these facilities had increased from 9% in January 2017 to 12% in November 2017. The practice had identified that scores reflected dissatisfaction from temporary closures of one of the branch surgeries in the last 12 months.

The practice had reviewed its appointment system in 2017 and increased the percentage of same day appointments available to patients. The previous system had appointments available up to six weeks in advance. The practice introduced appointment slots available on 24 hour and 72 hour release to support rapid access. Patients could access a GP at weekends through a locally commissioned reciprocal arrangement scheme service that provided face to face or telephone GP consultations from nominated hub practices in the area.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. A total of 28 complaints were received in the last year. We reviewed six complaints and found that they were handled satisfactorily and in a timely manner. The practice had made a change in response to a verbal complaint about the lack of baby change facilities. Staff had been reminded to liaise with nursing staff to find a clinical room for the few minutes required to change baby.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example if medication needs changing and had been adjusted on the electronic system the practice then checked with the receiving pharmacy to ensure they were aware of the change.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, we saw where newly appointed GP's had areas of expertise and dedicated leadership responsibilities.

Vision and strategy

The practice had started work on a business plan to deliver high quality care and promote good outcomes for patients.

- There was a clear commitment from all of the clinical staff to share in the development of the plan. Staff were aware of and understood the vision to be at the centre of the community. The plan was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. The practice monitored progress against delivery of the plan.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. There was structure and clarity regarding the probationary period prior to a permanent contract being offered to new staff. Not all staff offered a probationary role were offered a permanent role.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. There were flow charts in every clinical room to support this. We saw that all incidents were recorded investigated and categorised into themes. Staff confirmed that learning from these events was shared at monthly clinical meetings.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good

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

- There was an electronic diary system for checking revalidation of clinical staff.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance and development of clinical staff was supported through regular audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents, and complaints. For example, a bag valve mask alert received in July 2017 was circulated and checked by the responsible member of staff. The manufacturer was contacted and replacements ordered. All staff aware of issue with valve, and what action to take in an emergency until replacements arrived two days later. All alerts were audited and discussed at monthly meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Medication audits had led to changes in medication and improved treatment results.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example their on line enquiry and answer service.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). There were five members that made up 'the committee'. Open meetings were held approximately every eight weeks and normally achieved attendances of around 20 patients. Patients were invited to raise any issues and concerns at these meetings. The main points were then summarised into a list of objectives to be worked on with the practice. Recent examples included trying to reduce DNAs, access to cross border services (with the practice being close to the boundary between Dudley CCG and Sandwell CCG). Recent improvements with the appointment system had been made following discussion with the PPG. They found the practice very engaging and responsive. The PPG expressed a wish to be part of the solution, not a forum to raise issues. This has been dominated recently with involvement in the issues regarding the branch surgeries).
- The practice website included a dedicated page for the PPG and dedicated notice boards were clearly displayed at each of the three surgeries.
- The PPG spoke positively about the practice proactively seeking and responding to patient feedback, and spoke of improvements in the continuity of care seen since the recruitment of the new salaried GPs. A quarterly

Are services well-led?

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newsletter produced by the PPG included information on new staff, information on patient feedback through the FFT and promotion of the immunisation programmes.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. Staff we spoke with conformed that they were empowered to complete suitable training courses.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance.