

# Lapal Medical Practice

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lapal Medical Practice on 15 December 2015. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned and delivered following best practice guidance
- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment
- Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly multi-disciplinary team meetings and gold standards framework for end of life care (GSF) meetings took place.
- We observed the premises to be visibly clean and tidy. The practice had good facilities and was equipped to treat patients and meet their needs.
- The practice had very active patient participation group which influenced practice development. Whilst the PPG had only been in place for 12 months, we found that they had been involved in a number of successful events and projects at the practice.

**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.

- There was a system in place for reporting and recording significant events.
- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. We saw that significant events were regularly discussed with staff during practice meetings
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had not yet assessed the risk of legionella. Shortly after the inspection, the practice manager shared records with the lead inspector to demonstrate that they contacted a service on 16 December 2015 in order to arrange for an up to date legionella risk assessment to be completed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment, we saw several audit records to support this, results were circulated and discussed in the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly multi-disciplinary team meetings and gold standards framework for end of life care (GSF) meetings took place.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Patients said they were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. The practice offered a walk in and waits service for childhood immunisations. The GPs carried out home visits for older patients and patients who would benefit from these.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided an in-house phlebotomy service for patient blood tests.

Good



## Are services well-led?

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

- There was an overarching governance framework which supported the delivery of the practice's strategy and good quality care.

Good



# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. Staff we spoke with said they felt valued, supported and that they felt involved in the practice plans.
- The practice had very active patient participation group which influenced practice development. Whilst the PPG had only been in place for 12 months, we found that they had been involved in a number of successful events and projects at the 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

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of a scheme in the area to help provide social support to their patients who were living in vulnerable or isolated circumstances. The practice was able to demonstrate the success of this scheme with examples of how members of the practice's older population who been living in isolated circumstances were now living more active lifestyles through attending local centres and community clubs.
- 90% of the practices patients above the age of 75 had received a health check

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.
- Performance for overall diabetes related indicators was 90% compared to the CCG average of 88% the national average of 89%.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.

Good



# Summary of findings

- The practice offered a walk in and waits service for childhood immunisations. Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for under two year olds ranged from 90% to 100% compared to the CCG averages which ranged from 80% to 100%. Immunisation rates for five year olds ranged from 95% to 100% compared to the CCG average of 93% to 98%.
- 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.

## **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 practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP each morning.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 78% of the practice's patients with a learning disability had a care plan in place and 94% had received an annual review.
- The practice offered longer appointments for patients 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.

Good



# Summary of findings

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- There were longer appointments available at flexible times for people experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The PPG held a successful mental health awareness day in November 2015 which provided people with information and guidance on mental health.
- Annual reviews had been provided to 90% of the practices patients experiencing poor mental health.
- Data showed that diagnosis rates for patients with a dementia were 100%, with an exception rate of 0% and 94% of these patients had received an annual review.

Good





# Summary of findings

## What people who use the service say

The practice received 111 responses from the national GP patient survey published in July 2015; this was a response rate of 44%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 78% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.

90% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.

- 71% of patients with a preferred GP usually saw or spoke to that GP compared with the CCG average of 58% and national average of 60%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 85%.
- 86% of patients said the last appointment they got was convenient compared with the CCG and national averages of 92%.

- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

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

- 58% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 53% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients and service users completed 28 CQC comment cards. The nine patients we spoke with during our inspection and the 25 completed comment cards gave positive feedback with regards to the service provided. Some patients commented that waiting times could be long and suggested that this was sometimes because the GPs took the time with patients to ensure thorough discussions took place during consultations.

# Lapal Medical Practice

## 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 Lapal Medical Practice

Lapal Medical Practice is a long established practice located in the Halesowen area situated in the West Midlands. There are approximately 6500 patients of various ages registered and cared for at the practice. 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 clinical team includes four GP partners, a salaried GP, two practice nurses and a practice phlebotomist who operates a phlebotomy service to carry out blood tests at the practice. The GP partners and the practice manager form the practice management team and they are supported by a team of seven receptionists, two practice secretaries and an administrator.

The practice is open between 8:15am and 6.30pm from Monday to Friday. Appointments are available from 8.15am to 6pm. Patients requiring GP care between 8am to 8:15am

are directed to the GP on call who provides primary medical care services. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

### Why we carried out this inspection

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

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

### How we carried out this inspection

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

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

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

- Older people

# Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection on 15 December 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 15 December 2015. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. These included systems for reporting incidents and national patient safety alerts as well as comments and complaints received from patients.

- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- The practice had records of 12 significant events that had occurred during the last 12 months. We noticed that the recording of each significant event was detailed and comprehensive; we saw that specific actions were applied along with learning outcomes to improve safety in the practice and in addition to this, the practice also recorded positive points where possible. For example, a significant event was recorded in relation to a prescribing issue relating to an incorrect dosage. The practice took remedial action straight away and details were communicated to the pharmaceutical team. The significant event record highlighted that as a positive point; the matter was identified and acted on before the patient had taken the medication. The record highlighted the importance of regular communication with the pharmaceutical team and we saw that themes were monitored and tracked on a spreadsheet, and details were shared with the pharmaceutical team to minimise prescribing errors.
- Significant events were a standing item on the practice meeting agendas. We saw that significant events were regularly discussed with staff during practice meetings, the minutes of meetings held between September and December demonstrated this. We saw other minutes such as minutes from multidisciplinary team meetings where significant events were discussed and shared with local health teams.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One of the GPs was the lead member of staff for safeguarding. The GP attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies.
- Notices were displayed to advise patients that a chaperone service was available if required. The practice followed a system where the nursing staff were the first port of call to provide a chaperoning service. The GPs would chaperone if ever the nursing staff were unavailable. We saw that the practice nurses and GPs had received disclosure and barring checks (DBS checks). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Occasionally members of the administration team would also act as chaperones. Staff members had been trained on how to chaperone and we saw that formal risk assessments were in place in the absence of DBS checks for members of the administration team. We saw that the risk assessments highlighted minimal risk and noted that non-clinical staff members would never be left alone with a patient.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention team 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. Examples from the last infection control audit carried out in October 2015 included updated training for staff on how to deal with bodily fluid spillages; we saw that this was completed in December 2015.
- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were

## Are services safe?

also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines such as warfarin which required regular blood monitoring in accordance with national guidance. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a week. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. We noticed that staff manually recorded the fridge temperatures and the practice also used an additional electronic system to ensure that temperatures were logged every day as an additional measure. The practice were able to use this system to pull reports and show temperature trends, we saw records of charts between September and December which demonstrated that the temperature ranges were appropriately logged. We also saw evidence of an audit completed in July 2015 which was a dedicated cold chain audit. The audit was completed by one of the practice nurses and contained detailed information on vaccination stock and expiry dates. The nurse identified

a vaccination which had recently expired, this was correctly disposed of and we saw that actions were implemented as a result. Actions included reiterating the importance of stock rotation.

- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy in place and the practice had risk assessments in place to monitor safety of the premises including fire risk and control of substances hazardous to health. We saw records to show that regular fire alarm tests and fire drills had taken place.
- The practice had not assessed the risk of legionella. Shortly after the inspection, the practice manager shared records with the lead inspector to demonstrate that they contacted a service on 16 December 2015 in order to arrange for an up to date legionella risk assessment to be completed.
- 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. The practice used regular locum GPs through a locum agency to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 and NICE guidelines were discussed in monthly multidisciplinary meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

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

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 97% of the total number of points available, with 6% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 96% compared to the CCG average of 93% and national average of 92%.
- Data showed that diagnosis rates for patients with a dementia were 100%, with an exception rate of 0%.

- Performance for overall diabetes related indicators was 90% compared to the CCG average of 88% the national average of 89%.

Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment. We saw evidence of five full cycle clinical audits completed in the last year. The completed audits demonstrated how improvements were identified, implemented and monitored. For example, we saw that two sets of audits were completed in May 2015 and June 2015 regarding a genetic disorder specific to high cholesterol. The audit involved a review of 125 patients identified as having cholesterol levels above a certain rate. A further audit was conducted on a smaller sample size of 30 patients where documentation was checked alongside the examination and diagnosis to ensure they reflected guidelines set by the National Institute for Health and Care Excellence (NICE). Findings highlighted that 67% of the patients reviewed had been asked about family history specific to Coronary heart disease (CHD) and 33% had been appropriately referred to a specific clinic for the management of cholesterol. In order to identify all patients with the genetic disorder specific to high cholesterol levels, the GPs developed a protocol which reflected best practice guidelines. We saw that a pathway was developed to ensure all patients with specifically high cholesterol levels were offered referral to the local cholesterol management clinic. The repeated audit also highlighted that those patients identified as being at risk of having the genetic disorder (specific to high cholesterol) were seen by the GP and referred onward as appropriate. The completed audit demonstrated that improvements were made in documentation and that the GPs were following the best practice protocol.

We viewed records of other audits completed by the GPs which included an audit on broad spectrum antibiotics which was due to be repeated in January 2016, a full cycle audit on the practices Chronic Kidney Disease (CKD) register and a further full cycle audit on patients with asthma who use high dose steroid inhalers. One of the GPs also shared a detailed audit they completed specific to joint injections. We saw that 10 joint injections were administered in 2014, most of the injections administered reported improved outcomes as a result and complication rates were 0%. In 2015, 96% of the joint injections administered had reported improved outcomes for patients and complication rates were 0%.



# Are services effective?

(for example, treatment is effective)

## 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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- Staff received ongoing training that included: safeguarding, fire safety awareness, information governance and basic life support. In addition to in-house training, staff made use of e-learning training modules.
- The practice had supported staff members through a variety of training courses. For example, the practice manager had completed a diploma in primary care management and the receptionists and secretarial staff had completed diplomas relevant to their roles. Discussions with the practice nurses demonstrated that they were also supported in attending external training updates, these included updates on asthma and diabetes. The GPs also attended various educational events every six weeks.

## Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used the services. All 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings and gold standards framework for end of life care (GSF) meetings took place. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. We saw that representation was made from a wide range of health and social care services including district nurses, social workers and community mental health nurses. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We also saw that the practice's palliative care register was regularly discussed as well as the care and support needs of patients and their families.

## 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, staff carried out assessments of capacity to consent in line with relevant guidance.



# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. 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. The practice shared figures which demonstrated that since April 2015, 318 patients had been given smoking cessation advice and that 18 patients had successfully stopped smoking.

The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%. 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 comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 90% to 100% compared to the CCG averages which ranged from 80% to 100%. Immunisation rates for five year olds ranged from 95% to 100% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 66%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 44%, compared to the national average of 52%. We saw how flu vaccination rates were identified as an area for improvement as part of the practices presentation at the start of the inspection. Staff we spoke with explained that this remained a focus area in the practice and that they felt rates would improve during the winter months.

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 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice shared a report which demonstrated that 37% practices patients aged 40-74 had received a health check and 90% of the practices patients above the age of 75 had received a health check.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity 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 advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 28 CQC comment cards which all contained positive comments about the service experienced. Positive comments were made to describe the service and staff were described as helpful, respectful and caring. We also spoke with nine patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice; patients commented on the continuity of care and said their dignity and privacy was respected.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.

- 90% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

While practice performance was mostly similar to local and national averages in relation to consultations with the GPs and nurses we saw that the practice was performing below local and national average in the following area:

- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

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

Patients told us that they felt involved in decision making about the care and treatment they received. Patients we spoke with on the day of our inspection and the completed comment cards highlighted that the GPs often took the time to explain information and carefully discussed treatment options during consultations with patients. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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 0.5% of the practice list had been identified as carers. The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also displayed information containing supportive advice for carers and signpost information to other services.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

The practice also supported patients by referring them to a gateway worker from the local mental health trust that provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances. Since the practice joined the pilot scheme (approximately since January 2015), they had started to identify patients who may be living in isolation, patients who may feel lonely and patients who would benefit from additional support from the GPs and through the Integrated Plus scheme. The GPs shared two success stories with a member of the inspection team during our inspection. These cases related to members of the practices older population who had either been living in isolated circumstances or living generally inactive lifestyles. Each case demonstrated how these patients were provided with guidance and individual support from the GPs and Integrated Plus scheme. The practice had received positive feedback relating to each patient, we saw how this highlighted that the patients were no longer feeling isolated and living more active lifestyles through attending social events and community clubs.

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

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- The GPs carried out home visits for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice offered a walk in and wait service for childhood immunisations.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP each morning.

- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system.
- We also saw that special notes were applied to vulnerable patient's records to remind receptionists to give them a choice of a longer appointment time.
- The practice provided an in-house phlebotomy service for patient blood tests. This service was carried out by the practice phlebotomist.

### Access to the service

The practice was open between 8:15am and 6.30pm from Monday to Friday. Appointments were available from 8.15am to 6pm. Patients requiring GP care between 8am to 8:15am were directed to the GP on call to provide primary medical care services. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed mixed responses regarding access to care and treatment. The practice was performing above local and national averages in the following areas:

- 78% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 58% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 53% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

The patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. While some commented that sometimes waiting times could be long, patients commented that this was usually because the GPs took the time to listen to and ensure that thorough discussions took place during consultations.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice shared records of the six complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled. For example, we saw how the practice had responded to a complaint relating to a misunderstanding in communication involving one of the GPs. The information highlighted that actions were taken as a result of the complaint, feedback was given to the GP concerned and the practice demonstrated openness and transparency when dealing with the complaint. We saw that learning from complaints were regularly discussed in monthly practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice's vision was to provide the highest possible standard of care in a convenient local setting and to combine the traditional family practice values whilst providing the latest services and technologies. We spoke with 11 members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they felt involved in the practice's plans. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the practice's vision.

### 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.
- We also noticed how staff members had taken the time to ensure that role specific policies were readily available to hand, these included specific clinical policies for GPs and printed protocols for members for the practice secretaries.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The team encouraged a culture of openness and honesty. They were visible in the practice and staff commented that the management team were supportive and approachable. Conversations with

staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

Practice staff attended a range of meetings on a regular basis in addition to monthly practice meetings and monthly multidisciplinary meetings. For example, the GPs attended monthly CCG meetings to discuss topics such as commissioning. The practice manager explained that they were able to regularly engage with other practice managers by regular attendance at the Dudley practice manager alliance (DPMA) meetings. Discussions with the practice nurses highlighted that they felt part of a close team, the nurses explained that to improve communication they had planned on having more formal weekly nurse catch up meetings, these were due to start in 2016.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The practice had very active patient participation group which influenced practice development. The PPG consisted of 12 members which met as an action group every five to six weeks. We spoke with four members of the PPG including the PPG chair as part of our inspection. The PPG members each had a defined responsibility, these included dedicated members to manage governance of the PPG meetings and members to lead on IT and communication within the PPG.

Whilst the PPG had only been in place for 12 months, we found that they had been involved in a number of successful events and projects at the practice. For example:

- The PPG chaired a health awareness day on behalf of the practice. The event was held at a local church hall in November 2015. As part of their patient survey, the PPG asked patients what health awareness they would benefit from the most and the subject of mental health was suggested by a patient at the practice. Therefore, the PPG's first health awareness day was based on mental health awareness. 27 patients attended the event where they took part in group activities and



# Are services well-led?

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observed guest speakers from the local clinical commissioning group (CCG) and speakers from the mental health charity, Mind. The PPG also offered a donation to Mind as part of the event. We saw copies of the handouts developed by the PPG chair containing take home messages for those who attended the event. We saw how the document contained useful tips on how to manage stress and improve wellbeing. The PPG had also completed an evaluation of the day to analyse its success rates. Results highlighted that 89% of the participants learnt new things about mental health and 93% found the information on the day useful. Positive comments provided by participants were summarised on the evaluation, we noticed how people gave thanks to the PPG for facilitating the event.

- The senior partner at the practice suggested holding an open flu jab day in October 2015; this was facilitated by the PPG. The PPG members explained how this also gave the practice a chance to promote the PPG. Patients were able to make a donation for cakes and refreshments offered by the PPG at the open flu jab day. Approximately 225 patients attended the event and the funds raised by the PPG were donated to the local Marys Stevens Hospice.
- The PPG carried out a patient survey in February 2015. A total of 197 patients were contacted to take part in a pilot survey specifically over two days during February and the survey was offered in a variety of formats which included an online option. The PPG found that 35 patients were unable to participate in a survey online and were instead talked through a written survey as an alternative. Again, a detailed analysis of the survey was carried out by the PPG. The response rate was 37% which equated to 63 completed surveys. Most of the results were positive and the survey highlighted how the PPG had identified that there was limited information for patients regarding making an urgent appointment. The survey highlighted that 31% of respondents were aware of urgent appointments; to improve this the PPG suggested using the practice website to make this clear to patients when booking appointments. The practice had acted on the PPGs suggestion by adding this to the website and making updates to the practice leaflet.
- We noticed how the documentation provided by the PPG demonstrated good governance. As well as a number of detailed reports, the PPG members shared

detailed minutes of their meetings which included action items and learning points where they had reflected on previous projects. We noticed that the GPs frequently attended the PPG meetings at representatives had recently attended from the local pharmacy. We saw informative handouts developed from different PPG events and also a comprehensive PPG constitution document which outlined the responsibilities and overall aims of the PPG.

- The practice continued to promote the PPG through their text messaging service where PPG promotion and health awareness information was sent via text to those patients who agreed to make use of the practices text service. We noticed a PPG notice board was on display which contained information on PPG projects and how to become a member. The PPG also had a dedicated web page on the practices website. A suggestions box had been installed, members of the PPG explained that this was relatively new and that they would review suggestions as part of their action group meetings.
- The PPG members discussed further improvement projects; these included raising awareness around DNA rates for missed appointments, designing a practice logo and arrangements to hold a further PPG engagement meeting to promote the PPG at the practice again in February 2016. Further health awareness days were also discussed and the PPG were in discussions of holding dedicated men's health and women's health awareness day at the practice in 2016.

## Continuous improvement

The local clinical commissioning group awarded the practice as practice of the year in 2014. This was discussed at the beginning of our inspection when members of management team carried out a presentation for the inspection team. Staff explained that they achieved the award due to a number of service improvements which included QOF achievements and a reduction in referral rates. Plans for the future were discussed with the inspection team during the practices presentation. The management team explained how they were looking to expand on the current team by recruiting a further GP partner or salaried GP and by recruiting an assistant to assist the practice manager in their role. Other plans included an electronic prescribing system which was due to be implemented in 2016 as well as installing a patient

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Good 

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

check in screen in reception. The management team explained how they were hoping to become a training practice so that they could offer opportunities for medical students and trainee GPs in the future.