Lakeside Medical Centre

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 Lakeside Medical Centre on 4 April 2016. Overall the practice is rated as Good.

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

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Risks to patients and staff were assessed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- The practice engaged with the local community and organised events to promote services and support service users.

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

The practice should:

- Complete an assessment of identified risks to patients and staff.

Summary of findings

- Implement a robust system to follow up and document outcomes for children who had not attended hospital appointments.
- Introduce an evidence based approach for optimising the care provided to all palliative care patients.
- Implement an alert system to support staff to identify patients who are also carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse. However, there was no documented evidence of follow up for children who did not attend hospital appointments. The practice created a search on the day so this would be done in the future.
- The practice had well maintained facilities and equipment.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that appropriate checks on staff were completed.
- There was a comprehensive training programme for staff. For example, safeguarding and chaperoning.
- Risks to patients and staff were assessed and regularly reviewed. However there was no risk log to list all identified hazards.
- Fire drills were carried out annually.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above both local and national averages.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice above local and national averages in 10 out of the 16 indicators in aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Home visits were given to patents when housebound or unable to attend the practice.
- The practice held a carers' register but there was no system in place to support staff to identify these patients.
- The practice had organised a community event in 2015 to support carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population and had hosted a health promotion day for the community in 2015.

Are services well-led?

Good

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had no written business plan but could evidence discussion around future plans and strategy through minutes of meetings held.

Summary of findings

- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity and used an electronic audit trail to evidence staff awareness.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP partners and the management team were aware of the practice performance and the specific requirements of their patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that resided in nursing and care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. All over 75 year olds had a completed care plan. The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. The practice had identified and supported patients who were also carers.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in GP and nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice held a list of palliative patients but there was no structured framework used to provide end of life care except for those patients with cancer.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. However, there was no documented evidence of follow up for children who did not attend hospital appointments. The practice created a report on the day so this could be followed up in the future. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group averages. The practice worked with

the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies. The practice had plans to hold sessions at local schools to promote health education topics such as healthy eating.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered extended opening hours and a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service available for non-English speaking patients was demonstrated by practice staff using an application on a mobile telephone.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 16 patients on the learning disabilities register, 15 had received annual health checks in the preceding 12 months. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example there were posters for a local substance misuse support service. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day

appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs.

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

Summary of findings

What people who use the service say

We spoke with four patients on the day and collected nine Care Quality Commission (CQC) comment cards. The comment cards highlighted a high level of patient satisfaction. Comments from patients were positive about the practice staff and spoke of a friendly and caring service. A number of comments were particularly positive about access to and availability of urgent appointments for children. Patients said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 7 January 2016 evidenced a high level of patient satisfaction. The practice performance scored higher than local and national averages in 16 of the 23 of the questions. For example:

- 93% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 92%.
- 91% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 85% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 81% and national average of 78%.
- 97% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.

There were 114 responses and a response rate of 44%.

Areas for improvement

Action the service SHOULD take to improve

- Include photographic evidence checks in the recruitment policy and carry this out for new staff members.
- Complete a risk log of identified risks.
- Implement a robust system to follow up and document outcome for children who had not attended hospital appointments.
- Introduce an evidence based approach for optimising the care provided to all palliative care patients.
- Implement an alert system to support staff to identify patients who are also carers.

Lakeside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lakeside Medical Centre

Lakeside Medical Centre is located in the village of Perton, part of the West Midlands conurbation. Perton was once an airfield and now has a population of approximately 10,500. The area is less deprived and has lower unemployment when compared to national averages.

The practice was established in 1988 and now has three GP partners. The premises is a purpose-built building that has been developed and further extensions are planned to increase the services that can be offered to the patients. The practice is accredited to provide training to new and existing doctors at both undergraduate and postgraduate levels.

The practice has a list size of 5,910 patients. The population distribution shows above national average numbers of patients over 55 years of age and below average number of patients less than 40 years of age. The ethnicity data for the practice shows 92.2% of patients are white British.

The three GP partners are full time. The partners are assisted by a clinical team consisting of a GP registrar, two practice nurses and a healthcare assistant. The administration team consists of a practice manager and six administration staff that includes two apprentices.

The practice opens from 8am to 6.30pm, Monday to Friday. Consulting times in the morning are from 8am to 11.45 am and in the afternoon from 2pm to 6pm. The practice offers extended hours between 6.30pm and 8pm on alternate Wednesdays and Thursdays. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider. The nearest hospital with an A&E unit and a walk in service is New Cross Hospital, Wolverhampton.

Why we carried out this inspection

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

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 the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 4 April 2016.

We spoke with a range of staff including the GPs, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been 28 events recorded in the preceding 12 months. A summary of the past 12 months demonstrated a strong learning ethos in which learning was shared and protocols changed.

- Staff told us that a designated GP was responsible for significant events and any incidents were recorded on a form available on the practice's computer system. A summary was produced of the previous 12 months events.
- The practice carried out timely analysis of individual significant events at a weekly practice meeting and learning outcomes were shared as a group or individually when appropriate.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a diabetic patient attended with a low blood glucose level and was given an appointment in two weeks. This was changed to a same day appointment and reception staff held a training session with a GP on symptoms for diabetes and what appropriate action should be taken.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All practice staff were engaged with the process and information was shared informally and through a central store of electronic documents available to all staff. A culture to encourage Duty of Candour was evident through the significant event reporting process and the number of events recorded in a 12 month time period. Duty of Candour is a legal requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurses had attended level three training in safeguarding. A GP partner was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. Administration staff had completed level one in safeguarding training. Safeguarding was discussed at monthly meetings and a quarterly meeting with the health visitor was held to discuss vulnerable children. Evidence seen demonstrated that patients with safeguarding needs were highlighted on the system and discussed at meetings. However there was no robust system for following up children who had not attended hospital appointments.
- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Staff who acted as chaperones had been subject to Disclosure and Barring Service (DBS) checks. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.

Good

Are services safe?

- Prescription pads and forms for use in computers were stored securely and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were completed for the healthcare assistant.
- We reviewed four personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. For example, DBS checks and health screening had been completed for all new staff. Proof of identity included photographic evidence. An induction programme had recently been implemented and a template was seen ready for completion by the next new staff member.

Monitoring risks to patients

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

- The practice provided health and safety training and carried out annual fire drills.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention control (IPC) audits were undertaken by an accredited third party IPC nurse. The most recent audit had been completed in March 2016 and had rated the practice as compliant with a score of 85%.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks were carried out.
- Some risk assessments had been completed but there was no coordinated health and safety assessment such as a written risk log that identified risks.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system in all treatment rooms which alerted staff to any emergency. All practice staff had access to a panic button on their display screen that was a feature of the computer system.
- There was a system in place to promote the safety of clinical staff whilst on home visits.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and an accident book and staff knew where they were located. The GPs were the nominated first aiders.
- Fire safety training had been completed by almost all staff and annual fire drills were carried out.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the practice manager and the senior partner.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

The practice had a register of 16 patients with learning disabilities. Annual reviews had been completed on 15 of the 16 patients for the year ending 31 March 2016.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed:

- The practice achieved 98% of the total number of points available in 2014/15. This was higher than both the Clinical Commissioning Group (CCG) average of 93% and the national average of 94%. The data for the year 2015/16 showed that the practice achieved 553.41 out of 545 of the total number of points available.
- Clinical exception reporting was 5.6%. This was better than the CCG average of 9.9% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was informed when a patient was excepted.

There had been four clinical audits in the last year. Two of the clinical audits carried out were single phase and two cyclical. The information recorded evidenced that improvements had been made and were monitored. The audits included a review of a medication commonly used as treatment to prevent a stroke. The practice completed a search on patients on the medication, contacted those patients whose notes contained no documented discussion and implemented a template for future initiation of the medication.

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

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

Effective staffing

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

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as bullying and harassment, cleanliness and hygiene and control and dementia awareness.
- All staff felt supported to develop and had received at least annual appraisals.
- The practice GPs performed any required duties on a Monday or Friday when a practice nurse was not present. A nurse had been recruited to start the week after the inspection and the practice had used this recruitment to provide nurse availability from Monday to Friday.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

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

Good

Are services effective?

(for example, treatment is effective)

- The GP told us that regular reviews were done for all patients who had care plans. A traffic light system was used to prioritise discussion around patients with the most needs.
- The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. There was no evidence based approach for optimising the care provided to palliative care patients except for those with cancer.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually.

The practice achieved consistent low rates of non-elective emergency hospital admissions. In 2014/15 they had the lowest rates and in 2015/16 the second lowest rates for the 31 practices in the local CCG. The rates of attendance to the accident and emergency (A&E) department were below the local averages. In 2015/16 the practice had the fourth lowest rate for A&E attendances and the lowest rates for referrals of the 31 practices in the local CCG.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records' audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

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

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

Data from QOF in 2014/15 showed that the practice had identified 14.68% of patients with hypertension (high blood pressure). This was in line with the CCG average of 14.97% and national average of 14.06%.

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

- The practice's uptake for the cervical screening programme was 83% which was similar to the CCG average of 81% and the national average of 82%.
- 78% of eligible females aged 50-70 attended screening to detect breast cancer .This was higher than the CCG average of 73% and national average of 72%.
- 64% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 62% but higher than the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were comparable with CCG and national averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We spoke with four patients during the inspection and collected nine Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced and complimented the practice on the provision of a personal, caring service. Patients said they felt the practice offered same day appointments for urgent requests. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A sign at the reception desk advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 254 patients to submit their views on the practice, a total of 116 forms were returned. This gave a return rate of 46%.

The results from the GP national patient survey showed patients were satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates the same as or higher than both local and national averages. For example:

- 88% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.
- 96% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.

The patient feedback on the receptionists was higher than both local and national averages:

- 94% said they found the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.

The practice had acted as the hub for the Christmas shoebox appeal and participated in charity fundraising with the charity selected by the patients and the establishment in conjunction with South Staffordshire Council of a carers' day.

Care planning and involvement in decisions about care and treatment

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

- 78% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 81% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

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

Patient/carer support to cope emotionally with care and treatment

The practice had a carer's policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carer's register that numbered 92 patients, 1.6% of the practice population. There was no alert system to support staff to identify patients who are

Good

Are services caring?

also carers. There was a dedicated notice board for carers situated in the practice waiting room with information on support and services provided both at the practice and in the local community.

Patients gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the GPs taking time to provide support and compassion.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. However there was no alert system to identify patients who also acted as carers.

The practice had organised a community event in 2015 to support carers. The event was held in the local community centre and health service providers were invited to attend and promote services available. The idea had been adopted by the council who organised a second event in January 2016.

If a patient experienced bereavement, practice staff told us that they were signposted to services and were supported by a GP when appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. Home visits were made by GPs and nursing staff.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and the building was single storey.
- Translation services were available for patients. The practice had identified five patients who required interpreters and used a translator application on a mobile phone in addition to interpreters.
- There was a hearing loop at the reception desk and practice staff were made aware by an alert added on to the electronic records for each of the 89 patients who had hearing difficulties.
- Baby changing facilities were available and well signposted.
- A quarterly newsletter produced since January 2015 included updates on new staff, online services and information on the appointment system.
- The practice showed an awareness of health problems specific to the local population and had hosted a health promotion day for the community in 2015.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every month included attendance by district nurses, community matron, social services and the health visitor. Patients on care plans were prioritised using a traffic light system. Notes seen from the meeting evidenced that patients highlighted in red were discussed each month.

The GPs performed regular visits to patients residing in care homes.

Access to the service

The practice was open from 8am to 6.30pm, Monday to Friday. Consulting times were staggered throughout the day to provide appointments during opening hours. The practice offered extended hours on alternate Wednesday and Thursday evenings between 6.30pm and 8pm. When the practice was closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice had opted out of providing an out of hours service choosing instead to use a third party provider.

Pre-bookable appointments could be booked up to eight weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within one week and with nurses the next working day. We saw that urgent appointments were available on the day of inspection. The practice used a traffic light system to alert the GPs of daily pressure on the availability of appointments. There was a protocol to add more appointments when an amber alert was issued. Practice staff stated that the system worked well and could only recall a red warning being issued once.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 93% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.
- 97% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients were able to secure an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.

This was supported by patients' comment on the day of inspection. Patients spoke positively about same day access to appointments. The practice had recently implemented a GP led telephone triage system. Triage is a system of clinical assessment used to prioritise the workload.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There were designated responsible clinical and non-clinical staff who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in the practice booklet and on the website.

The practice had received six complaints in the last 12 months. These included complaints made verbally as well and those made in writing. All complaints were investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing. There was no trend in the nature of complaints and when appropriate the complaint had resulted in a significant event being recorded and reviewed.

The cumulative feedback from the friends and family test started in December 2014 was that 88.7% of the 300 respondents said they were likely or extremely likely to recommend the practice to a family member or friend. The friends and family test is a tool to provide feedback from patients on their NHS experience. Data submission is a mandatory requirement for GP practices

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 did not have a formalised business plan but staff were aware and spoke of the aim to address the needs of patients with a holistic approach and be an integral part of the local community. Examples of this included a strategy to expand the services available at the premises such as physiotherapy, and a project was underway to extend and improve the premises. The senior partner had given 12 months' notice and was engaged in discussion on future strategy. Succession planning was being discussed and options were being considered on how to replace the senior GP.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice held monthly clinical meetings and had a set of standard agenda items that included safeguarding, significant event reviews, clinical and medicine alerts.

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice was engaged with patients and reviewed the results of the GP Patient Survey published in January 2016. There was an established Patient Participation Group (PPG) that met with practice staff every six to eight weeks. We met with members of the group on the day of inspection and received positive comments on how the practice listened and responded to patient feedback. For example, the practice had installed automatic doors and extra lighting in the patient car park.

Continuous improvement

There was a strong culture of learning and the staff we spoke with told us they felt supported to develop professionally. All had received recent appraisals and time was set aside for protected learning. Examples included one member of staff who had started as a receptionist and

Are services well-led?

Good

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

had been developed into the role of a healthcare assistant. The practice had supported the reception supervisor in the completion of a National Vocational Qualification in management and had supported the practice administrator in the completion of a postgraduate certificate in health care management (The Mary Seacole Programme).

The practice had arranged for consultants to attend the practice to provide in house training on clinical issues.

Innovation

The practice was involved with a number of innovative projects. For example they had piloted electronic laboratory test requests with New Cross hospital. The GPs had helped train the local pharmacist in diagnosis and treatment. This included the pharmacist running clinics at the practice. The practice is one of only three nationally to have an attached herbalist and has recently added a nutritionist who provides clinics at the practice.