

# Parkfield 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 Parkfield Medical Centre on 5 July 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and there was an effective system in place for reporting and recording significant events.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that multidisciplinary team meetings took place every two months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.

An area of outstanding was identified as follows:

- The practice had supported the patient participation group to set up an exercise group for older patients. This was held twice a week and was open to all patients who could only do gentle exercise or aged

over 60 years. A total of 30 patients attended the exercise group. This encouraged patients to meet together and improve their well being. We saw displays in reception encouraging patients to attend.

The areas where the provider should make improvement are:

- Seek and act on feedback received from patients to demonstrate improvements to services.
- Ensure follow up of children who DNA their hospital appointments,

**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



- There was an effective 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 and we saw evidence of monthly staff meetings where incidents were discussed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to a safeguarding concern.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice. Monthly checks were carried out by the practice nurse to confirm that the cleaning schedules had been adhered too.
- Systems were in place to ensure the safe storage of vaccinations and checks were undertaken to monitor the vaccines.
- Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained.
- Risks to patients were assessed and well managed and there were enough staff to keep patients safe.

### Are services effective?

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance.
- There was evidence that clinical audits were effective in improving outcomes for patients.
- The practice was an accredited research practice and took part in medical research and clinical studies.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and offered regular reviews of these patients.
- The practice used a data management tool to review hospital admissions and patients care plans.
- The practice provided enhanced services which included immunisations and advanced care planning.
- The practice hosted in-house specialist clinics with a hospital consultant on a regular basis, for example: weekly cardiology clinics.
- The practice used Consultant Connect to speak with specialists at the hospital. The practice had seen a 40% reduction in referrals by using this telephone service.
- The practice offered a warfarin service for their patients, this included blood tests and reviews of their medication.

## Are services caring?

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Views of external stakeholders were very positive and aligned with our findings.
- Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice offered flexible appointment times based on individual needs and we saw evidence of how the practice had responded to the needs of vulnerable patients with compassion and empathy.

Good



## Are services responsive to people's needs?

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Good



# Summary of findings

Commissioning Group to secure improvements to services where these were identified. (A CCG is an NHS organisation that brings together local GPs and experienced health professionals to review and commission local health services).

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided Tens Machines which had been purchased by the patient participation group to help patients with pain relief.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice gathered feedback from patients and had a very engaged patient participation group (PPG) which influenced practice development. The PPG was promoted in the waiting room and invited patients to join.
- Staff had received inductions and had regular performance reviews.
- The practice had a vision and strategy to deliver high quality care and staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management, and held regular governance meetings.
- The practice had a number of policies and procedures to govern activity and held regular meetings with the practice team.
- 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.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement and the practice worked closely with the local Clinical Commissioning Group.

# 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 offered proactive, personalised care to meet the needs of the older people in its population and offered one stop appointments for patients to receive reviews and tests in one visit.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. We saw evidence that all patients had a care plan and were offered same day appointments. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice supported the Patient Participation Group (PPG) exercise group for older people, which was held weekly. This was held twice a week and was open to all patients who could only do gentle exercise or aged over 60 years. This encouraged patients to meet together and improve their well being. A total of 30 patients attended the exercise group. We saw displays in reception encouraging patients to attend.
- The practice worked closely with multi-disciplinary teams so patient's conditions could be safely managed in the community and also offered support and care to a local residential home.
- The practice support pharmacist carried out medicine reviews and held regular meetings with the GPs to discuss patient's needs.

### People with long term conditions

Good



- Longer appointments and home visits were available when needed and patients who were housebound received reviews and vaccinations at home. For example, blood tests for warfarin monitoring.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.
- Two of the GPs and the practice nurse had completed the Warwick course for diabetes and the health care assistant had completed a nutrition and diet course to support diabetic patients.



# Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

Good



- 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.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.
- The practice's uptake for the cervical screening programme was 81% which was slightly lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care once a week at the practice.

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

Good



- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health trainers offered weekly sessions at the practice to educate patients on weight and healthy living.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours. Results from the national GP survey in January 2016 showed 80% of patients were satisfied with the surgery's opening hours which was higher than the local average of 76% and the national average of 78%.

# Summary of findings

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients on the learning disability register were screened for dementia and we saw evidence that 63% of the screening questionnaires had been completed.
- The practice offered longer appointments for patients with a learning disability and offered support and care to a local learning disability home.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every two months.
- 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.
- The practice offered longer appointments and annual health checks for people with a learning disability. There were 16 patients on the learning disability register and 81% of the patients had received their annual health checks.
- The practice had 7 patients on the palliative care register and all of the patients had a care plan in place and had regular face to face reviews. Meetings were held every two months with the MacMillan nurses to support patient care in the community.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers 1.36% of the practice list.

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

Good



- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling sessions were offered on a regular basis at the practice by Improving Access to Psychological Therapies service.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had 20 patients on their mental health register and 80% had had their care plans reviewed in the last 12 months.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 303 survey forms were distributed and 111 were returned. This represented 37% response rate and 3.7% of the total practice population.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 65 comment cards which were all positive about the standard of care received. Patients told us they received an excellent service and the reception staff were always helpful and friendly

On the day of the inspection we spoke with twelve patients, including three members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Seek and act on feedback received from patients to demonstrate improvements to services.

- Ensure follow up of children who do not attend their hospital appointments.

## Outstanding practice

- The practice had supported the patient participation group to set up an exercise group for older patients. This was held twice a week and was open to all

patients who could only do gentle exercise or aged over 60 years. This encouraged patients to meet together and improve their well being. We saw displays in reception encouraging patients to attend.

# Parkfield Medical Centre

## 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 adviser and a CQC Inspection Manager.

## Background to Parkfield Medical Centre

Parkfield Medical Centre is based in Castle Bromwich, an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract is a nationally agreed contract to provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients.

The practice provides primary medical services to approximately 3,000 patients in the local community. The practice is run by a family of three GP partners (two male and one female). The nursing team consists of two practice nurses and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice serves a higher than average population of people aged 65 and above years. The area served has higher deprivation compared to England as a whole and ranked at five out of ten, with ten being the least deprived.

The practice has been accredited by the Royal College of General Practitioners and the University of Birmingham as a research practice. They are involved in medical research and clinical studies.

The practice is open to patients between 8.15am and 6pm Mondays, Wednesdays and Fridays, 8.15am to 12.30pm Thursdays and 8.15am to 7pm on Tuesdays. Extended hours appointments are available from 6.30pm to 7pm on Tuesdays. Emergency appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by Badger and NHS 111 and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 were provided for specific groups of people and what good care looked 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).

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- During the inspection we reviewed three significant events from the last 12 months and minutes of meetings where these were discussed and saw evidence of action being taken.
- The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and kept a record on the shared drive for all staff to review actions taken and lessons learnt.
- Significant events, comments and complaints were a standing item at the monthly staff meeting agendas and we reviewed minutes of meetings where these were discussed.
- The practice received safety alerts via email which were then printed off discussed in the monthly staff meeting. We saw evidence of an alert that had been discussed and acted on. Copies of all relevant alerts were kept in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. We did find that children that had missed their hospital appointments were not followed up by the practice.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The latest audit had been completed in December 2015 and the practice had achieved 97%.
- The practice kept records to support that clinical staff were up to date with some of the immunisations recommended for staff who are working in general practice, such as Hepatitis B.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.

## Are services safe?

- The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery was securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a health and safety risk assessment had been completed in June 2015.
- The practice had up to date fire risk assessments and carried out fire drills every six months. Fire extinguishers were checked on an annual basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last review had been completed in December 2015.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in March 2016.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off site by each member of staff.
- The practice had a 'grab bag' in place at the exit door which contained all the relevant phone numbers and information required if the building needed to be evacuated.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used Consultant Connect to speak with specialists at the hospital. The practice had seen a 40% reduction in referrals by using this telephone service.
- The practice hosted in-house specialist clinics with a hospital consultant on a regular basis, for example: weekly cardiology clinics and monthly orthopaedic clinics.
- The practice has been accredited as a research ready practice for the Royal College of General Practitioners and the University of Birmingham. This involved studies being run from the practice for example, investigating respiratory infections and management of heart failure.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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). The most recent published results were 98% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 5%, compared to the national average exception reporting of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 96%. This was better than the Clinical Commissioning Group average of 91.8% and the national average of 89.2%.
- Performance for mental health related indicators was 100%. This was better than the CCG average of 95.4% and the national average of 92.8%. Exception reporting rate was 25% compared to the national average of 12.6%
- Performance for asthma related indicators was 100%. This was better than the CCG average of 97.1% and the national average of 97.4%. exception reporting rate was 0.5%, compared to the national average of 7.5%

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. The practice had completed 6 clinical audits in the last 12 months. We reviewed two completed audits, for example:

- An audit was completed to review patients with a new diagnosis of Diabetes to establish that good control was in place, to ensure complications are reduced. The audit identified 59 patients with a diagnosis of diabetes, 38 had a below normal HbA1c blood result and all the patients had been referred to the Xpert patient programme for lifestyle education.
- An audit was carried out on patients who were on the chronic kidney disease register to review their treatment plans as some medicines can adversely affect renal function. The audit identified 23 patients in this group and some of the patients were prescribed medicines which may affect their renal function. This was being reviewed by the hospital and practice and managed appropriately. This was being reviewed by the hospital and practice and managed appropriately.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice worked closely with the practice pharmacists to ensure appropriate prescribing and with the nursing team to review and monitor patients with long term conditions.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example the practice nurse had completed a diabetic management course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal within the last 12 months. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had supported the patient participation group to set up an exercise group for older patients. This was held twice a week and was open to all patients who could only do gentle exercise or aged over 60 years. This encouraged patients to meet and improve their well being. A total of 30 patients attended the exercise group. We saw displays in reception encouraging patients to attend.
- The health care assistant offered smoking cessation advice and had completed training in a nutrition and diet course to support diabetic patients.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the

# Are services effective?

(for example, treatment is effective)

practice followed up women who were referred as a result of abnormal results. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, for example:

- 72.7% of female patients aged from 50 to 70 years of age had been screened for breast cancer during the last 36 months. This was lower than the CCG average of 74.2% and comparable to the England average of 72.2%.
- 55.7% of patients aged 60 years to 69 years had been screened for bowel cancer in the last 30 months. This was lower than the CCG average of 60.2% and the national average 58.3%.

Childhood immunisation rates for the vaccinations given were lower than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83.3% to 96.7%, CCG average ranged from 93.7% to 96.7% and five year olds from 88.6% 94.3%, CCG average ranged from 91% to 96.8%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 65 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said the staff were caring and supportive. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey of January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

The practice did do better than local and national averages for the following:

- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

Satisfaction scores for the reception staff were higher than the CCG and national average, for example:

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed results were lower than the CCG and national average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and the GPs spoke a range of languages.
- Information leaflets were available in easy read format.
- The practice also offered online services for booking appointments and ordering repeat prescriptions.

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. For example, there was information on MacMillan cancer support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers 1.36% of the practice list. Written information was available to direct carers to the various avenues of support

available to them. The practice website also had links to various information and supporting organisations. The practice carried out reviews on their carers and offered opportunistic depression screening. The practice had recently had a meeting with Solihull Carers Centre to gain some ideas to setting up a carers group.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by a patient consultation at a flexible time for the families. The practice nurse had also completed bereavement counselling to offer support and advice.

# 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.

- There were longer appointments available for patients with a learning disability and the practice offered support and care to a local learning disability home. On the day of inspection we spoke with staff from the home who told us that annual health checks and medicine reviews were in place and the practice were responsive and supportive of the patients and home.
- Patients on the learning disability register were screened for dementia and we saw evidence that 63% of the screening questionnaires had been completed.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice ran an anti-coagulation clinic for patients on warfarin and offered home visits and reviews for housebound patients.
- There were disabled facilities and translation services available.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided tens machines which had been purchased by the patient participation group to help patients with pain relief.

### Access to the service

The practice was open between 8.15am to 2pm 3.30pm to 6.30pm Monday, Tuesday and Wednesday, 8.15am to 2.30pm Thursday and 8.15am to 2pm and 3.30pm to 6pm Friday. Appointments ranged from 8.15am to 11.50 am and 3.45 to 6.10pm Monday, Tuesday and Wednesday, 9am to 12.10pm Thursday and 8.15am to 11.40am and 3.30pm to 5.40pm Friday. Extended hours appointments were offered

from 6.30pm to 7.15pm on Tuesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.

Results from previous surveys had resulted in low results for telephone access. The practice acted on these results and installed another phone line to improve access, which has resulted in patient satisfaction scores being higher than CCG and national average. For example,

- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. The GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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 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, with complaint forms available in the waiting room.

## Are services responsive to people's needs? (for example, to feedback?)

- We looked at three complaints received in since January 2016 and found these were satisfactorily handled and

dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Its mission statement was to provide safe, high quality care and the practice delivered this by offering home visits, extended hours, working collaboratively with other providers as well as offering various enhanced services.
- The practice recognised the need to ensure quality and safety through following of appropriate pathways and effective significant event analysis.
- Staff development was encouraged to further enhance the delivery of effective patient centred care.
- Staff understood the values of the practice and worked well as a team to ensure patients received safe and effective care.

The practice was working collaboratively with other organisation to develop schemes to improve patient experiences and deliver benefits patients such as collaboration at locality commissioning level and working with the voluntary sector.

### 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.
- The nurses took on lead roles for various long term conditions as well as infection control and cytology.
- The practice manager was responsible for complaints as well as management of the administration team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performed

well against QOF and other national indicators of patient outcomes. There were designated members of staff responsible for checking QOF data and contacting patients for their annual reviews.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements with learning shared with clinicians.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings on a monthly basis
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We saw displays in the waiting room encouraging patients to join. We spoke with the chair of the PPG and two other members who told us that they were able to provide feedback on the phone system as well as other issues and the GPs and staff were very approachable and receptive to new ideas. For example, the PPG had been consulted on the low scores for telephone access which had been improved by adding another phone line into the surgery.

The practice also sought feedback from patients through their own questionnaires on the service they received. We saw evidence of positive scores for access and how patients were treated by staff. Staff feedback was gathered through

staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice regularly hosted consultant led specialist clinics. The practice nurse had completed a prevention of suicide in young people course, which had been sponsored by a local charity.

As a research ready practice the practice is linked to the National Institute for Health Research (NIHR) Clinical Research Network and has been accredited by the Royal College of General Practitioners (RCGP). This involved working with a team of GPs research nurses and facilitators based at the University of Birmingham and eligible patients to research health promotion, disease prevention, screening and early diagnosis, as well as the management of common and long-term conditions.