

GPS Healthcare - Tanworth Lane

Quality Report

Tanworth Lane Surgery
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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?

Outstanding 

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 Tanworth Lane Surgery, part of GPS Healthcare, Solihull on 18 May 2017. GPS Healthcare are a group of six practices in Solihull and includes two registered locations Tanworth Lane Surgery and Meadowside Family Health Centre and an additional four branches.

All of the practices share one practice list and have a central management team with shared policies, procedures and governance arrangements. We have produced two reports to reflect both locations registrations; however due to the structure of the provider organisation much of the detail included in the reports will be replicated.

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

- The practice had a clear vision which had safety, quality of care and staff involvement as its top priority. The strategy to deliver this vision had been produced with staff and stakeholders and was regularly reviewed and discussed with staff.
- A comprehensive understanding of the performance of the practice was maintained through the management board. Performance was managed centrally and managers could review achievement and compliance at each location and across the organisation. We saw evidence of quality improvement activity that had been implemented with case studies to demonstrate learning. The learning points were cascaded to staff and discussed at individual site and team meetings.
- The management team had a meeting structure in place which included a staff forum to ensure all staff had the opportunity to contribute to the practice vision and values.
- The provider had expanded the six practices with seven additional consultation rooms, through the local infrastructure investment scheme. This had enabled them to offer more services.

Summary of findings

- The practice had an active patient participation group (PPG) and the provider also held a GPS Healthcare wide network PPG meeting was held on a regular basis. The practice implemented suggestions for improvements as a consequence of feedback from patients and from the patient participation group (PPG). For example the PPG were asked for suggestions and ideas on how to improve the patient information leaflet which was acted on. This included adding information on medicines waste and the leaflet being available in different formats to support vulnerable patients.
- A patient newsletter had been set up which was issued every three months. The newsletter promoted health awareness and updated patients on changes within the practices and the plans that had been implemented.
- 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, this included regular health awareness events.
- There was evidence of quality improvement including clinical audits. There had been 21 clinical audits undertaken in the last two years across all six sites and the learning shared with each practice. These were completed audits where the improvements made were implemented and monitored.
- The practice had set up a comprehensive health and safety system. This included a standard operating system that had been adapted at all sites and an annual event planner, so all sites were aware of when risk assessments, training and checks would be completed.
- The practice had identified that talks from local charities was an opportunity to support patients and their families and had linked with local charities and services to do this. For example: Four events had taken place over 12 months and were advertised in the practices, on the website and in the practice newsletter. The four events included, a dementia friends event, a living well after a cancer diagnosis by MacMillan and Cancer Research UK, Age UK and Solihull Carers to offer support to all carers over the age of 13 years. The practice had an average of 10 patients and their families attend each event. The practice had set up a 'Healthcare Hub' in conjunction with the local library, to offer access to health advice and health awareness to the local population.
- The practice undertook the General Practice Improvement Programme, sponsored by NHS England. This was a program focused on the organisational efficiency that can be developed by making use of 'lean' process mapping. By identifying and removing differences between sites, the practice had developed a protocol for dealing with emergency situations. This included having exactly the same emergency grab bag (with identical contents, in specified pockets) in each location. The practice had an innovative use of technology with each department having a 'Whats App' program on their telephone to liaise with each other in the case of an emergency and to organise cover in the case of staff sickness.

There were areas of practice where the provider should make improvements:

- Continue exploring and establishing effective methods to identify carers.

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

The outstanding feature at this practice was the leadership and this was demonstrated through:

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



- Patients and staff were protected by comprehensive safety policies and procedures, and a focus on openness, transparency and learning when things went wrong. We found there was an effective system for reporting and recording significant events and a thorough analysis and review of events was completed annually and discussed with staff at meetings. The whole team were engaged in reviewing and improving safety and safeguarding systems.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an open culture in which all concerns raised by staff were highly valued and used for learning and improvement.
- The practice had set up a comprehensive health and safety system. This included a standard operating system that had been adapted at all sites and an annual event planner, so all sites were aware of when risk assessments, training and safety checks would be completed.
- A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff.
- Six monthly infection control audits were carried out by the nursing team and we saw evidence that any areas identified were reported to building maintenance and monitored to ensure actions had been completed.

Are services effective?

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The latest published results showed the practice had achieved 99% of the points available. The practice used this information to monitor performance against national screening programmes and outcomes for patients.
- All staff actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality

Summary of findings

care and the practice had been accredited as an Investor in People organisation and had implemented policies and procedures to improve employee engagement in line with their vision and objectives.

- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes. There had been 21 clinical audits undertaken in the last two years across all six sites and learning was shared across all practices. These were completed audits where the improvements made were implemented and monitored.
- The practice had set up a 'Healthcare Hub' in conjunction with the local library, to offer access to health advice and health awareness to the local population.
- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, this included four health education events that had been held during the year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently positive.
- Information for patients about the services available was accessible and information stands were on display to offer advice for various health conditions. For example dementia services and care navigators. (Care navigators offer a service for vulnerable elderly patients to ensure they receive the appropriate social care).
- Staff were motivated and inspired to offer kind and compassionate care. For example, living with cancer diagnosis event had been held with Macmillan cancer and Cancer Research UK to offer support and advice to patients and their families.
- The practice had a carers register and data provided by the practice showed 0.9% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available and the practice had held a carers event to support carers, including young carers.

Good



Summary of findings

Are services responsive to people's needs?

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, a counselling service was available for patients with mental health needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients could access appointments and services in a way and at a time that suited them, this included by telephone, online and face to face. All sites within GPS Healthcare offered prebookable and on the day appointments. For convenience patients could book appointments at any of the six surgeries.
- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns and an annual analysis of complaints was carried out to review trends and action taken.
- The practice undertook the General Practice Improvement Programme, sponsored by NHS England. This was a programme focused on the organisational efficiency that can be developed by making use of 'lean' process mapping. By identifying and removing differences between sites, the practice had developed a protocol for dealing with emergency situations. This includes having exactly the same emergency grab bag (with identical contents, in specified pockets) in each location.

Are services well-led?

Outstanding



- GPS Healthcare values were "We Care" which was applied at all levels to both patients and staff. The management team had set objectives to achieve consistently exceptional care which included team leadership, service redesign, staff development and to promote patient engagement and empowerment.
- A comprehensive understanding of the performance of the practice was maintained through the management board. Performance was managed centrally and managers could review achievement and compliance at each location and across the organisation. We saw evidence of quality improvement activity that had been implemented with case studies to demonstrate learning. The learning points were cascaded to staff and discussed at individual site and team meetings.
- Staff said they felt respected, valued and supported. For example, an employee forum had been set up for

Summary of findings

representatives of each department to come together on a quarterly basis to discuss any concerns and to identify opportunities to improve the service. The management team had introduced a staff recognition scheme to motivate staff and show appreciation for outstanding contribution to the performance of the practice.

- The practice had an innovative use of technology with each department having a 'Whats App' programme on their telephone to liaise with each other in the case of an emergency and to organise cover in the case of staff sickness.
- Staff were involved at all levels to input ideas and improve ways of working by the introduction of 'Key Strokes'. This was a system set up on the request of managers and senior receptionists to support training of new and existing employees. The top 10 reception/admin tasks were identified across all sites and with the contribution of staff from each site a set of generic guidelines were set up for all staff to use. The practice was in the process of planning and implementing the next 10 key strokes.
- The practice had an active patient participation group (PPG) and the provider also held a GPS Healthcare wide network PPG. The practice implemented suggestions for improvements as a consequence of feedback from patients and from the patient participation group (PPG). For example the PPG were asked for suggestions and ideas on how to improve the patient information leaflet which was acted on. This included information on medicines waste and the leaflet being available in different formats to support vulnerable 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 offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. This included flu and shingles vaccinations for patients who were unable to attend the surgery.
- The practice had been a pilot site for the Care Navigator Service, in conjunction with Age UK Solihull. The Care Navigator Service offered support to older people to find solutions to issues they may face and assists them to navigate and access relevant services that could meet their needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Data provided by the practice showed 291 patients on the palliative care register across the six sites and we saw evidence to support that patients were discussed at six weekly meetings and their care needs were co-ordinated with community teams.

People with long term conditions

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. For example, the latest published QOF results showed 90% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the past 12 months, this was in line with the the local average of 89% and the national average of 90%.
- The nursing team held regular meetings to discuss chronic long term conditions and we saw evidence of a recent respiratory meeting which highlighted good practice and areas to review for improvement. This included an agreement by the nursing staff that all patients with COPD had a 30 minute appointment slot where possible due to the complexity of their condition.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. 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.

Summary of findings

- The provider ran a leg ulcer service across the six sites for GPS Healthcare registered patients and also the local community.
- The practice held anti-coagulation clinics every week to monitor patients on warfarin.
- The provider supported DiCE clinics on a regular basis for patients with diabetes. Diabetes in Community Extension (DiCE) clinics are community based clinics held by specialist nurses and consultants to support patients with complex diabetes.

Families, children and young people

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 78% which was comparable to the national average of 81%.
- We saw examples of joint working with midwives and the community midwife ran antenatal clinics two mornings a week.

Working age people (including those recently retired and students)

Good



- The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients were able to access any of the six practices across Solihull from 8am to 6.30pm. This was facilitated by the use one clinical system allowing access to patient records. Telephone consultations were available at the request of patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included referrals to the stop smoking service.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included stop smoking clinics across GPS Healthcare for patients and the local community.
- The practice's uptake for the cervical screening programme was 78% which was comparable to the national average of 81%.

Summary of findings

- Data provided by the practice showed 85% of patients who were currently registered as smokers had received support to quit smoking.
- The practice made use of texting to remind patients of their appointment and an electronic prescribing service.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Data provided by the practice showed 208 patients on the learning disability register and 85% had received an annual review.
- The practice held a register of 389 carers, which represented 0.9% of the whole practice list. There was a carers information board which detailed support available, this also included information for young carers. Carers were invited for flu vaccinations and the practice had supported a carers event in conjunction with Solihull carers to offer support and advice to carers from the age of 13 years old.
- All staff had received training on carers and MacMillan cancer support.
- End of life care patients received a priority service. All sites worked to the Gold Standard Framework and the practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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



- There were 386 patients on the dementia register. The latest published QOF data for 2015/16 showed 81% of patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to 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 living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, this included health awareness events to support patients and their

Summary of findings

families. For example, the practice had held a dementia friends evening which was accessible by all patients from the six surgeries. All staff had received dementia awareness training and were now dementia friends.

- The provider had piloted a new community dementia diagnosis pathway to support for the Memory Assessment Service and the Alzheimer's Society. The pilot was created to support patients and their carers through the processes of screening and diagnosis giving patients and their carers access to clinical dementia experts, as well as a package of support.
- The practice supported a local dementia care home and offered weekly ward rounds and domiciliary visits. Feedback from the home reflected the support and care offered by the staff and GPs to the patients.
- Data provided by the practice showed 322 patients on the mental health register. The latest published QOF data for 2015/16 showed 89% of patients had a comprehensive, agreed care plan documented in their medical record in the last 12 months, which was comparable to the national average of 89%.
- Patients who needed mental health support were referred to the Improving Access to Psychological Therapies (IAPT) services. IAPT held a clinic at Meadowside practice each week and clinics were also available at other sites within GPS Healthcare every day.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice results were comparable with local and national averages. A total of 260 surveys were distributed and 117 were returned. This represented 1.6% of the practice's patient list.

- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

- 79% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 77% and the national average of 78%.

We spoke with six patients during the inspection, including one member of the patient participation group (PPG). All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest results of the friends and family test showed 90% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue exploring and establishing effective methods to identify carers

Outstanding practice

- The practice had identified that talks from local charities was an opportunity to support patients and their families and had linked with local charities and services to do this. For example: Four events had taken place over 12 months and were advertised in the practices, on the website and in the practice newsletter. The four events included, a dementia friends event, a living well after a cancer diagnosis by MacMillan and Cancer Research UK, Age UK and Solihull Carers to offer support to all carers over the age of 13 years. The practice had an average of 10 patients and their families attend each event. The practice had set up a 'Healthcare Hub' in conjunction with the local library, to offer access to health advice and health awareness to the local population.
- The practice undertook the General Practice Improvement Programme, sponsored by NHS England. This was a program focused on the organisational efficiency that can be developed by making use of 'lean' process mapping. By identifying and removing differences between sites, the practice had developed a protocol for dealing with emergency situations. This included having exactly the same emergency grab bag (with identical contents, in specified pockets) in each location. The practice had an innovative use of technology with each department having a 'Whats App' program on their telephone to liaise with each other in the case of an emergency and to organise cover in the case of staff sickness.

GPS Healthcare - Tanworth Lane

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 second CQC inspector, and a nurse specialist adviser.

Background to GPS Healthcare - Tanworth Lane

Founded in 2015, GPS Healthcare was formed by merging six existing GP surgeries. GPS Healthcare has a location at Tanworth Lane Surgery and the other registered location in the group is Meadowside Family Health Centre. There are also four branch surgeries; Knowle Surgery, Park Surgery, Village Surgery and Yew Tree Medical Centre. The group of practice has a total of 40,700 patients are registered across the six sites. During this inspection we visited Tanworth Lane Surgery.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices 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 area served has low deprivation compared to England as a whole and based on data available from Public Health England; the levels of deprivation in the area served by GPS Healthcare ranked at nine out of ten, with ten being the least deprived.

The group of practices is served by a team of 137 staff. There are 18 GP partners (seven male, 11 female) working across the sites and 13 salaried GPs (four male, nine female). There are also two advanced nurse practitioners (female), 16 practice nurses (female) and six health care assistants (female). Each site has a site manager supported by administrative and reception staff.

The group of practices offers training and teaching facilities, which means GP trainees and are able to undertake part of their training at the practices. The practice also mentors trainee nurses.

Tanworth Lane Surgery is open between 8am and 6.30pm Monday to Friday, from 6pm the practice can only be accessed by telephone. Appointments are from 9am to 12.30pm

and 1.30pm to 6pm on Monday to Friday. 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 the Birmingham and District General Practitioner Emergency Room (Badger) Out of Hours service.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 27 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.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations. We carried out an announced visit on 18 May 2017. During our visit we:

- Spoke with a range of staff including GPs, site manager, nurses, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and all incidents were recorded. 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).
- The practice carried out a thorough analysis of the significant events and we saw evidence to confirm that these were discussed with staff at meetings every week and at protected learning time events throughout the year. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks. The group had recorded a total of 70 significant events across the six sites, with 12 events occurring at Tanworth Lane surgery in the past 12 months. We reviewed three significant events which showed that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems and processes in place to minimise risks to patient safety, this included an effective system in place to demonstrate what action had been taken with alerts received from central alerting system (CAS) and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. Alerts were placed on patient records so that staff were aware of anyone who might be at risk and there was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- 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. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment. The practice carried out regular cleaning audits and we saw evidence to confirm that at the last cleaning audit the practice had achieved 97%.
- The practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken every six months. The floor covering had been identified as an area that needed attention, due to not being fixed appropriately to the wall edge. This was reported to the maintenance team and actioned.
- The practice had immunisation records for staff, and there was an effective system in place to ensure all staff were up to date with their immunisations.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- There were processes for handling repeat prescriptions. We reviewed prescribing audits and the group received support from the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing.
- The provider had also reviewed the prescribing of high risk medicines at each site and had set up a joint monitoring system across the six practices to ensure safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

GPS Healthcare held a centralised recruitment process. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had set up a comprehensive health and safety system. This included a standard operating system that had been adapted at all sites and an annual event planner, so all sites were aware of when risk assessments, training and checks would be completed, this included fire risk assessments and fire drills. Fire alarms were checked regularly and all fire equipment was checked by an external contractor on an annual basis.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There was a health and safety policy available and a range of 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 provider was able to demonstrate how an emergency had been acted on effectively when a road traffic accident had occurred outside of the premises.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The group had set up a standard operating procedure to support the implementation of the continuity plan. An emergency box was in place which contained key information to support each practice and to maintain services at each site or if alternative premises were used in the case of an emergency. The provider was able to demonstrate how they dealt with the recent cyber attack which had affected all of the six sites across GPS Healthcare. The provider had maintained services throughout this period by reviewing and assessing services to ensure patients needs were met.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems 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 practice had adapted the guidelines to ensure the needs of their practice population were being met and to support clinical reviews of patients with long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission.
- The systems to manage and share the information that is needed to deliver effective care were coordinated across services and support integrated care for people who use services

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 (2015/16) were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting was 7.5% which was in line with the CCG average of 8% and lower than the national average of 10%. (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 2015/16 showed:

- Performance for diabetes related indicators was 97% which was higher than the CCG average of 93% and the national average of 90%. The provider attributed the results to the effective diabetes service they have in place which actively screens and diagnoses patients following national guidelines.
- Performance for mental health related indicators was 99% which was higher than the CCG average of 96% and the national average of 93%. The provider attributed the results to the recall system they had in place ensuring patients were reviewed on a regular basis.

There was evidence of quality improvement including clinical audit:

- We saw evidence that 21 clinical audits had been undertaken in the last two years. We reviewed two of the audits to see what improvements had been implemented. For example: One audit was to ensure all sites were following the same protocol for the monitoring of anticoagulation and all patients had received an annual review alongside regular monitoring. The first audit in September 2015 showed 581 patients were on warfarin and a significant number of patients at three sites did not have an annual review date set. However, the most recent audit of May 2017 showed 100% of patients had received a review and the number of patients on Warfarin had reduced to 432 patients. The practice told us they will continue to review this audit on a six monthly basis.
- The provider had set up a quality improvement activity programme to review the quality of care provided in relation to evidence based guidance. This included case studies, for example: GP appointment analysis and musculoskeletal (MSK) referral management project. The MSK case study showed that during a 12 week period, GPS Healthcare had initiated 130 referrals, of which 51 were managed in house, due to one of the GPs having a specialist interest in Rheumatology.

Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care within the group. Staff were proactively supported to gain new skills and share best practice. Evidence reviewed showed that staff had the skills and knowledge 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, the practice nurse had completed an advance nurse practitioner course and one of the receptionists was training to be a health care assistant. GPs with special interests were supported in completing the relevant courses to offer specialised clinics within practice, for example dermatology.
- The practice also trained administrative apprentices and currently had five working across the six sites. The development and training of the apprentices was monitored and reviewed with the possibility of permanent employment after completing the apprenticeship programme. For example, one of the staff members had joined the practice as an apprentice and through the support, development and training received was now specialising in human resources for the six practices within the group.
- 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 staff 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 and nurses. All staff had received an appraisal within the last 12 months.
- GPS Healthcare had implemented policies and procedures to improve employee engagement in line with their vision and objectives and had been accredited with an Investor in People organisation. This had encouraged the group to focus on staff and their feedback and an employee forum had been introduced for staff to voice their concerns on a regular basis through representation from each department.

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.
- Staff were committed to working collaboratively 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a co-ordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had adopted the gold standards framework (GSF) principles to ensure frontline staff were able to provide a gold standard of care for people nearing the end of life.

Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service in order support continuity of care and ensure patients wishes were maintained.

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.

Are services effective?

(for example, treatment is effective)

- 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 and signposted them to relevant services. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice and support in relation to their lifestyle.

- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact

with people was used to do so.

- The practice offered support including access to services to diagnose and monitor patients with long term conditions, support for patients with mental health needs and smoking cessation services. A range of health education events to support patients had been held during the year.
- The practice had set up a 'Healthcare Hub' in conjunction with the local library, to offer access to health advice and health awareness to the local population.

The practice's uptake for the cervical screening programme was 78%, which was lower than the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy

to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were higher than the CCG and national averages. For example,

- 77% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.
- 63% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds were comparable to the national average of 90% and five year olds ranged from 93% to 98%.

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. 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

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 six patients, including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice were comparable to local and national averages for satisfaction scores on consultations with GPs. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group CCG average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

The results for nurses showed:

- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group CCG average of 92% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 88% 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 results for receptionists showed:

- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 patients gave positive responses to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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 interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and there were numerous services on display, including Solihull carers, bowel cancer and how to cope with asthma and chronic obstructive pulmonary disease (COPD).
- The E-referral service was used with patients as appropriate. (E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. The practice had a dementia display table which contained information on support groups and promoted the local services available.
- Staff offered kind and compassionate care. The practice had identified that talks from local charities was an opportunity to support patients and their families and had linked with local charities and services to do this. For example: Four events had taken place over 12 months and were advertised in the practices, on the website and in the practice newsletter. The four events

included, a dementia friends event, a living well after a cancer diagnosis by MacMillan and Cancer Research UK, Age UK and Solihull Carers to offer support to all carers over the age of 13 years. The practice had an average of 10 patients and their families attend each event.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 389 carers (0.9% of the practice list). There was written information available to direct carers to the various avenues of support available to them, this included information for young carers.

Staff told us that if families had experienced bereavement, the families were sent a bereavement card and the GPs would be available if the families needed advice or support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice did not offer extended hours, but patients could access appointments at all six sites.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and privately. The practice was also a registered Yellow Fever centre.
- The premises were accessible to patients with mobility difficulties. This included disabled parking and disabled toilet facilities.
- There was a specific room available with baby changing facilities and there was a hearing loop to support patients with hearing difficulties and interpretation services available.
- Patients were able to access a range of services including minor surgery, joint injections, cryotherapy, family planning, smoking cessation, spirometry and one of the GPs had a specialist interest in dermatology and ran clinics at the practice.
- We saw examples of joint working with midwives and the midwife ran antenatal clinics two mornings a week.
- The provider supported DiCE clinics on a regular basis for patients with diabetes. Diabetes in Community Extension (DiCE) clinics are community based clinics held by specialist nurses and consultants to support patients with complex diabetes.
- The practice held anti-coagulation clinics every week to monitor patients on warfarin registered at the six practices.

- The GPs and advanced nurse practitioners carried out weekly ward rounds at the local dementia home to support patients, carers and their families. Feedback from the home confirmed the co-ordination of care was supportive and well received and gave families and the home opportunities to ask questions and discuss patient needs.
- The practice supported counselling sessions which were held at the practice once a week by The Improving Access to Psychological Therapies (IAPT) service, to support patients with mental health needs. IAPT clinics happen were also available at other sites within GPS Healthcare every day.

Access to the service

The practice reception was open between 8am to 6.30pm Monday to Friday and patients could access the surgery by phone between these hours, but access to the building was not available after 6pm. Appointments were from 9am to 12.30pm every morning and 1.30pm to 6pm every afternoon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available on the day for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to local averages and national averages.

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group CCG average of 75% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

The practice had carried out an in house survey, 996 surveys were returned, this represented 2% of the practice population. Results from the survey showed 42% of patients found it was fairly easy to access the practice by telephone and 29% of patients said they would like to trial Skype. (Skype is a computer software, that can be used to make video and audio calls). The practice trialled Skype, but found it wasn't successful. The group were currently looking at a new telephone provider to improve access, but they had also encouraged patients to use online booking and this was highlighted in the patient newsletter. Results from the survey were on display in the waiting room and included the actions the practice had taken. On the day of inspection we found there were emergency appointments available with the GP.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 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 each practice and these were discussed with the wider management team at meetings.
- We saw that information was available to help patients understand the complaints system. This included a complaints information leaflet, which provided details on what to do if the patient was unhappy with the response received from the practice.
- Any comments the practices received on NHS Choices were responded too and also discussed at team meetings to gather staff feedback and discuss lessons learnt. (NHS Choices is allows users to rate and comment on NHS health and social care services in England).

The practice had received 18 complaints in the last 12 months. We looked at two complaints received and found these were dealt with in a timely way. Complaints were discussed at team meetings and also at organised protected learning time events. Lessons were learned from individual concerns and complaints and also from analysis of trends and action taken as a result to improve the quality of care.

Are services well-led?

Outstanding 

(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.

- GPS Healthcare values were “We Care” which was applied at all levels to both patients and staff. The management team had set objectives to achieve consistently exceptional care which included team leadership, service redesign, staff development and to promote patient engagement and empowerment.
- The practice had an effective strategy and a NHS five year forward plan which reflected the vision and values. This was regularly monitored by GPS Healthcare board and management team. The management team had an inspiring shared purpose, strive to deliver and motivate staff to succeed.
- The practice was open about the challenges they faced. This included the harmonisation of bringing the six practices together, effective communication at all levels and looking at a fresh approach to staff development.
- Due to the growing number of patients and the plan for more houses to be built within the local area, the practice applied for funding through the local infrastructure fund and had been successful in receiving funding for additional consultation rooms. A total of seven rooms had been built across the six sites in the past 12 months.

Governance arrangements

A comprehensive understanding of the performance of the practice was maintained through the management board. Performance was managed centrally and managers could review achievement and compliance at each location and across the organisation. We saw evidence of quality improvement activity that had been implemented with case studies to demonstrate learning. The learning points were cascaded to staff and discussed at individual site and team meetings.

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

- There were appropriate arrangements for identifying, recording and managing risks; issues and implementing

mitigating actions. We found minutes of practice meetings well documented and provided opportunities for staff to discuss practice performance, alerts, incidents, complaints and safeguarding.

- The practice undertook the General Practice Improvement Programme, sponsored by NHS England. This was a programme focused on the organisational efficiency that could be developed by making use of ‘lean’ process mapping. By identifying and removing differences between sites, the practice had developed a protocol for dealing with emergency situations to ensure there was a uniformed approach. This included having exactly the same emergency grab bag (with identical contents, in specified pockets) in each location.
- The practice had an innovative use of technology with each department having a ‘Whats App’ programme on their telephone to liaise with each other in the case of an emergency and to organise cover in the case of staff sickness.
- Staff were involved at all levels to input ideas and improve ways of working by the introduction of ‘Key Strokes’. This was a system set up on the request of managers and senior receptionists to support training of new and existing employees. The top 10 reception/admin tasks were identified across all sites and with the contribution of staff from each site a set of generic guidelines were set up for all staff to use. The practice was in the process of planning and implementing the next 10 key strokes.
- Staff had received inductions, annual performance reviews and had been trained to provide them with the skills and knowledge to deliver effective care and treatment. A comprehensive development programme was in place to encourage staff to further their experience and develop their roles.
- The provider held protected learning time events which included all staff from the six practices to focus on complaints and the reporting and learning from significant events. All staff were aware of their responsibility in responding to risks and events were discussed weekly site meetings where there was a strong emphasis on learning.
- GPS Healthcare demonstrated that they analysed the changing environment of healthcare and reviewed opportunities, by a schedule of meetings of senior managers, clinical staff and the whole team to encourage staff participation and ensure their core

Are services well-led?

Outstanding



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

values were being achieved and patient care was at the forefront of everything they did. This included regular reviews of medicines and prescribing, QOF achievements, clinical disease registers and vulnerable patients. The management board ensured that each site was monitoring the data to ensure patients received appropriate care and treatment.

- We saw a consistent approach to signage and patient information at all locations we visited which clearly represented GPS Healthcare as the organisation delivering healthcare.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. We saw the whistleblowing summary sheet on display in the administration office to guide staff on who to speak with and the support available.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had supporting the mentoring of trainee nurses and was also a training practice for medical students and GP registrars.

Leadership and culture

On the day of inspection the leadership team (consisting of the GP partners, chief executive and site manager) 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 leadership team were approachable and always took the time to listen to all members of staff. Staff said they felt respected and supported. They felt that they worked well together as a team.

The provider was aware of and had systems 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.

We found the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information 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 and staff felt supported by management.

- The organisation had a range of meetings planned for both the whole team and each department to raise any issues and share ideas and learning. This included monthly board meetings for the senior managers, quarterly partners meetings, weekly site meetings with a representative from each and protected learning time events for the whole team on a regular basis. Minutes were comprehensive and were available for practice staff to view. We saw from the minutes that staff had the opportunity to raise any issues and share ideas and learning.
- Staff said they felt respected, valued and supported and told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- The Chief Executive and Medical Director demonstrated personal commitment by both undertaking the Elizabeth Garrett Anderson Programme with the NHS Leadership Academy, this included a Master of Science in Healthcare Leadership at Birmingham University.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- The patient participation group (PPG) and through complaints received. The practice had an active patient participation group (PPG) and the provider also held a GPS Healthcare wide network PPG meeting on a regular basis. There was a notice on display in the waiting area to encourage new members to join. We saw evidence of a patient engagement programme which included a communication plan that had been discussed with the PPG. The plan outlined key themes of communication with patients and the suggestions included regular newsletters, themed noticeboards and patient talks. We saw displays within the waiting room for dementia and Alzheimer's disease, three newsletters had been issued, on average one every three months and four patient

Are services well-led?

Outstanding



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

talks had been held in the 12 months leading up to the inspection. The newsletter promoted health awareness and updated patients on changes within practice and the plans and ideas that had been implemented.

- Innovative approaches were used to gather feedback from people. In order to maintain standards of care and quality the practice sent all patients leaving the practice a questionnaire to gain feedback on the services provided and to offer patients the opportunity to discuss further why they were leaving.
- An employee forum had been set up for representatives of each department to come together on a monthly basis to discuss any concerns and to identify opportunities to improve the service. The management team had introduced a staff recognition scheme to motivate staff and show appreciation for outstanding contribution to the performance of the practice.
- 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. For example: Staff were involved at all levels to input ideas and improve ways of working by the introduction of 'Key Strokes'. This was a system set up on the request of managers and senior receptionists to support training of new and existing employees. The top 10 reception/admin tasks were identified across all sites and with the contribution of staff from each site a set of generic guidelines were set up for all staff to use. The practice was in the process of planning and implementing the next 10 key strokes.

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:

- Staff development was a priority at the practice to encourage staff to further their skills and knowledge. Some of the nursing team had completed the advanced nurse practitioner course and reception staff had been trained as health care assistants. The Chief Executive was working with Health Education West Midlands and Solihull College to develop a health care assistant course locally.
- The leadership team drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated through staff recognition scheme and social events during the year. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example, plans for a community rheumatology clinic with one of the GPs with special interest in this area.
- Workforce planning was a priority for the group to ensure the right skill mix of staff was available to offer patients the services they required. The included staff development and the increase of specialised roles including diabetes specialist nurses and GPs with special interests.
- In order to maintain a strong workforce, the practice had carried out various analyses of current staff and skills and completed an appointment review to establish if any improvements could be made to the effectiveness of care by addressing patient need with the appropriate care professional. The group had used the results of the analysis to inform their future recruitment plans to ensure the right skill mix is available at each site.