Maple View Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Maple View Medical Practice on 14 October 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. For example significant events were discussed on the day with the lead GP and a formal meeting was arranged following this.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. For example the practice worked closely with YMCA to ensure that vulnerable adults were protected and safe.
- 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. The practice management team were particularly focussed on training and development. The practice management team had introduced workbooks to help all staff in this area.
- Risks to patients were assessed and well managed.
- Patients described staff as kind, caring and considerate.

However, there were also areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure complaints documentation is easily accessible to patients
- Consider ways to improve patient experience in areas highlighted in the national patient survey

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated good for providing safe services. Staff knew how to raise concerns and were able to report incidents and near misses. Lessons were learned by the practice when things went wrong and improvements were made as a result. The practice assessed risks to patients and managed these well. The practice had invited the YMCA, Health Visitors, Police, Carers Association and clinicians to discuss safeguarding concerns and how best to work together.

Are services effective?

Good

The practice is rated good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely to ensure effective care was delivered to patients. The deputy practice manager regularly audited the training needs of staff and had developed workbooks for staff which were easily accessible. The workbooks covered topics such as infection control, information governance and safeguarding. The practice was looking to move forward to electronic learning for some training. Staff routinely worked with multidisciplinary teams. The practice had quarterly visits from Redditch and Bromsgrove Clinical Commissioning Group (CCG) and discussed the needs of the practice population.

Are services caring?

Good

The practice is rated good for providing caring services. Patients we spoke with felt involved in their care and treatment and described staff as helpful, considerate and kind. Patient information was easy to understand and accessible to patients. During the inspection we saw staff treated patients with dignity and respect and were professional at all times. Both practices had started working closely together eighteen months before we carried out the inspection. A PPG is group of patients registered with a practice who work with the practice to improve services and the quality of care. Patients felt cared for and said they were receiving an excellent service. Patients praised GPs, nurses and receptionists during our conversations on the day.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. The practice responded to the needs of its local population and engaged well with Redditch and Bromsgrove Clinical Commissioning Group (CCG). The practice had good facilities and was well equipped to meet the needs of their patients. Information about how to

Summary of findings

complain could have been more accessible. Learning from complaints was shared and discussed at practice meetings.The practice ran an emergency triage service which meant that patients could access emergency advice or obtain an appointment depending on their need. If for example a child was sent home from school they could be seen by a doctor the same day.

Are services well-led?

Good

The practice is rated good for being well-led. It had a clear vision and strategy. The practice was looking at ways to continuously improve. The practice had a programme of continuous clinical and internal audit which was used to monitor quality and make improvements such as the disability audit which enabled patients with hearing impairments or visual impairments to be coded so that extra support could be offered. The practice had a clear leadership structure and staff felt supported and valued. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients, which it acted on and had an active patient participation 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 is rated as good for the care of older people. The practice had developed a dementia screening protocol and encouraged a proactive approach so that older patients with dementia could be identified with appropriate investigation and referral. All of the patients identified were reviewed annually.

The practice participated in the avoiding unplanned admissions service which focussed on their top 2% of elderly and vulnerable patients most at risk of an admission. Care plans were in place where considered appropriate. The practice held monthly palliative care meetings which were aligned with the gold standards framework which included cancer patients, patients with chronic disease and the frail elderly. These meetings were governed by the practice's palliative care protocol. Responsible doctors were assigned at these meetings for each patient in order to ensure follow up and continuity.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. The practice had a higher than national prevalence for many chronic diseases and they scored highly in the Quality and Outcomes Framework system (QOF) for their care of these patients.

The practice ran clinics for asthma, Chronic Obstructive Pulmonary Disease (COPD) the name for a collection of lung diseases, including chronic bronchitis and emphysema, diabetes, heart disease and rheumatoid arthritis and had protocols for diagnosis and management of chronic disease. Patients with long term conditions were reviewed annually. The practice combined their recall systems with their prescribing so that all patients had a review date on their prescriptions. At this point the doctors would check that the patient has had the appropriate checks, blood tests and monitoring of their condition and medication. If a patient was due a review the doctors would send a message to the receptionists to see the patient. The review date on the prescription would not be altered until the patient had attended.

The practice kept a register of those patients who were identified as being at risk of diabetes. They were provided with lifestyle advice and they ran an annual recall to check their progress.

The practice offered NHS health checks to those eligible patients between 40 and 74. High risk patients identified by this were followed up by the doctor.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice offered antenatal care and participated in child health surveillance checks. The practice worked closely with their community midwife who ran an antenatal clinic within the practice once a week.

The eight week checks were done at the same time as the child immunisation clinics so that parents could have their child immunised immediately after their health check.

The practice ran an emergency triage service which meant that patients could access emergency advice or obtain an appointment depending on their need. If for example a child was sent home from school they would be seen by a doctor the same day.

The practice had a suite of gynaecology protocols developed with consultants of the local hospital. This enabled the practice to offer appropriate evidence based care of some of the more common gynaecological problems.

The practice was signed up as a young person friendly practice. For example if a patient needed emergency contraception they would be able to access this. The practice also ran contraception clinics and did coil fittings.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people, recently retired people and students.

The practice started clinics at 8.30am and offered extended hours on a Tuesday from 6.30pm to 7.30pm. Telephone consultations were available for those who worked or were housebound.

The practice had physiotherapy on site which was available within one or two weeks. This minimised the time patients would need to take off work as they would not have to make anotherappointment in the community.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a safeguarding lead and all staff had updates in safeguarding.

Patients who had a learning disability and patients who experienced poor mental health received annual health checks. All child protection reports and domestic violence reports were coded in the

Summary of findings

patient's notes on the practice computer system appropriately so that when a record was opened this information was automatically flagged up. The practice was working closely with the YMCA support worker to improve access and support for vulnerable patients.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a checklist for mental capacity which all staff had access to.

The practice offered extended appointments for patients who experienced poor mental health and carried out annual reviews for all such patients.

QOF performance for mental health related and hypertension indicators was 87% which was above the CCG average of 85.5% and above the national average of 81.5%.

There was a practice based counsellor who saw patients who were in need of counselling if it was felt to be appropriate.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below local and national averages. There were 106 responses and a response rate of 34**%.**

- 48.7% found it easy to get through to this surgery by phone compared with a CCG average of 78.3% and a national average of 74.4%.
- 66.3% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 86.9%.
- 72.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87.3% and a national average of 85.4%.
- 84.1% said the last appointment they got was convenient compared with a CCG average of 91.5% and a national average of 91.8%.
- 44.8 % described their experience of making an appointment as good compared with a CCG average of 76.1% and a national average of 73.8%.
- 48.8% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61.2% and a national average of 65.2%.
- 37.3% felt they did not normally have to wait too long to be seen compared with a CCG average of 54.7% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mainly positive about the standard of care received. We did receive some less positive comments about obtaining appointments. Patients stated that they felt listened to and described staff as kind, caring and considerate. In order to try and improve following the patient survey the practice introduced telephone consultations in 2015 so that patients could discuss their concerns with a doctor earlier and they were working with the Patient Participation Group (PPG) to seek views of patients about how the appointment system could be improved. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Online booking was also introduced in 2015 following the survey results.

Areas for improvement

Action the service SHOULD take to improve

- Ensure complaints documentation is easily accessible to patients
- Consider ways to improve patent experience in areas highlighted in the national patient survey

Maple View Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

Background to Maple View Medical Practice

Maple View Medical Practice is situated in Church Hill Centre, Redditch. The building is purpose built. The practice has a list size of 6,000 patients.

The practice offers a wide range of services to their patients such as cervical screening , electrocardiograms (ECGs) which record electrical activity in the heart, wound dressings, removing sutures, travel advice, contraception care and immunisations. The practice also runs clinics for diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD) which is a lung disease

The practice has six GP partners (this includes the support of the partners at St Stephen's Practice also located in Redditch) and two salaried GPs. There is a mix of male and female GPs.The GPs have contracts of employment which allow them to work at both practices to enable cross site cover. The practice has two nurses and a healthcare assistant.

The clinical team are supported by a practice manager, a deputy practice manager, a head receptionist and a team of reception staff and medical secretaries. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for delivering primary care services to local communities.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available from 8.30am to 11.30am and 2pm to 6pm every weekday. Extended hours are available on a Tuesday until 7.30pm.

The practice does not provide out of hours services to their own patients but provided information about the telephone numbers to use for out of hours GP arrangements (NHS 111).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before the inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included

Detailed findings

NHS England and Redditch and Bromsgrove Clinical Commissioning Group (CCG). We carried out an announced visit on 14 October 2015. We sent CQC comment cards to the practice before the visit and received 31 comment cards giving us information about these patients' views of the practice. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how people were being cared for during the inspection.

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

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

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

- Older people
- 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)

Good

Are services safe?

Our findings

Safe track record and learning

Significant event forms were available on the global drive and accessible to all members of staff. All such events were reported and recorded appropriately. Staff would discuss significant events with the lead GP on the day they occurred and would then set a date for a formal meeting. We saw evidence that these were discussed at practice meetings. There was a clinical lead and an administration lead for all significant events. All complaints were viewed as significant events. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed thirteen incidents that had occurred over the last year and saw that the practice had recorded these in line with their procedures and learned from them. New protocols and procedures had been introduced as a result of some significant events and training had also been introduced. For example the practice shared an example where a diagnosis had been missed in a patient. As a result of this the practice provided some extra training to clinical staff to prevent this situation occurring again.

National patient safety alerts were disseminated to practice staff by various methods including email. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe. These included:

- The practice had regular meetings with staff and discussed safeguarding vulnerable children, young people and adults. The practice had invited the YMCA, health visitors, police and the Carers Association to meet with the practice manager and clinicians to discuss safeguarding concerns and how best to work together. The processes for safeguarding were joined up and enabled the practice to seek advice and guidance informally with other agencies before deciding on the best course of action. As a result of training undertaken by the deputy practice manager with the police,the practice have introduced a new way of coding domestic incidents so that any trends could be identified. Staff we spoke with knew how to recognise the signs of abuse and had a flow chart and contact numbers available on a concise card. The practice shared an example of a patient they were concerned about and how they worked with health visitors and other agencies to ensure they were safe.
- The practice had a clear chaperone policy which was displayed in the waiting area and all treatment rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The practice nurses had been trained to be a chaperone. Both of the practice nurses had received Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The administration team had not had DBS checks and did not routinely carry out chaperone duties. Consent was always obtained from the patient when a chaperone was present.
- We found the practice to be visibly clean and tidy. One of the practice nurses was the infection control lead. Staff had undertaken infection control training. An external person attended the practice in April 2015 and carried out an infection control audit. We saw that the recommendations made during the audit had since been implemented.
- The practice had adequate arrangements in place to manage medicines. Emergency drugs and vaccinations were kept safely. The fridge temperature checks and cold chain were monitored in line with national guidance. Prescription pads were stored securely and there were systems in place to monitor their use.
- The practice had procedures in place for managing risk and this was continuously monitored. This included fire risk assessments, disability audits, workstation assessments and electrical safety checks. Emergency lighting was also in place around the building. The deputy practice manager walked around the building on a quarterly basis to carry out spot checks. The practice manager and deputy practice manager were the leads for fire safety and were both trained marshals.
- The practice had developed a recruitment policy and this had been in place for the last 18 months. Both Maple View Practice and St Stephens Practice worked

together to ensure that the practice was at full capacity and had the right skill mix. Locums were rarely used at the practice and GPs from St Stephens Practice would help out during holiday periods. Staff files we reviewed contained evidence that appropriate recruitment checks had been undertaken.

Arrangements to deal with emergencies and major incidents

We saw evidence that all staff had received annual basic life support training and emergency medicines were available. All medicines we checked were in date and fit for use.

There was a panic button on all computers and phones in consultation and treatment rooms which alerted staff if there was an emergency situation.

Staff knew how to deal with medical emergencies and how to escalate situations. We saw evidence of a heart attack protocol which was available in the reception and shared with staff during their induction at the practice.

The practice had oxygen and an automated electronic defibrillator (AED – a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). There were appropriate medicines available for use in a medical emergency at the practice. We saw evidence that staff checked these regularly to make sure they were available and ready for use if needed. All medicines we checked were in date.

All staff we spoke with were aware of the business continuity plan which contained all the contact details for members of staff. A copy of this was kept with the lead GP and the practice management team. They also kept copies of this off site. Staff we spoke with explained that if the system went down a printed list was used to call the patient. The paper notes were then scanned on the system.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice nurses and GPs kept up to date with the latest clinical guidelines such as National Institute of Health and Care Excellence (NICE). They accessed this on their computer systems and discussed at educational meetings. Clinical staff were able to explain their approaches to treatment. The practice had quarterly visits from Redditch and Bromsgrove Clinical Commissioning Group (CCG) and discussed the needs of the practice population. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example at the last meeting the practice discussed the needs of the young vulnerable population group and had been working in conjunction with the YMCA to improve access and support to vulnerable patients.

Management, monitoring and improving outcomes for people

The practice took part in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 91.4% of the total number of points available, with 5.5%% exception reporting. This was 5.1% below the CCG average and 2.1% below the national average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. Data from 2014/15 showed;

- Performance for diabetes related indicators was 85% which was below the CCG average of 92% and below the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.1%. This was the below the CCG average of 81.7% and below the national average of 80.4%.
- Performance for mental health related and hypertension indicators was 87% which was above the CCG average of 85.5% and above the national average of 81.5%.

  The dementia diagnosis rate was 92.3%. This was above the CCG average of 84.5% and the national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a number of clinical audits completed in the last two years, two of these were completed audits where the improvements were implemented and monitored.

The Prednisolone (drug which is used to treat a variety of inflammatory and auto-immune conditions) audit was carried out to see the effects it can cause on bone thinning and how it can be reviewed in different patients. All the patients were invited for a review and most patients had their dose reduced or changed accordingly depending on the risks identified. The second aspect of the audit was to ensure that emergency prednisolone packs were kept for emergencies and not mistaken as regular repeat medicines. Overall this audit improved effectiveness as it ensured that patients were not taking unnecessary medicines.

The dermascope audit also had a positive outcome and appropriately reduced the number of referrals to the dermatology clinic.

Effective staffing

The GPs and the practice management team at Maple View valued the importance of training and ensuring there was an effective skill mix. The deputy practice manager regularly audited the training needs of staff and had developed workbooks for staff which were easily accessible. The workbooks covered topics such as infection control, information governance and safeguarding.

The deputy practice manager also did in house training and staff we spoke with told us that the training had been beneficial to them. Topics such as communication skills and conflict resolution were particularly helpful as the practice had been through some significant changes over

Good

Are services effective?

(for example, treatment is effective)

the past 18 months as GPs had left and there was a change in the management structure. This training was mutually beneficial as it helped the management team understand staff concerns more clearly.

The practice shared plans with us to use an external training provider to introduce on-line training for staff.

The practice encouraged staff to continually develop and staff shared some of their achievements with us. One of the practice nurses was working towards becoming a nurse practitioner, another practice nurse had completed an asthma course with open university and the phlebotomist had completed a foundation degree in health and social care to become an assistant practitioner. As a result of undertaking the course the phlebotomist was able to now remove stitches and carry out electrocardiogram (ECGs). ECGs are tests that record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and x- rays were requested and the results were received online.

The practice team worked closely with district nurses, health visitors, midwives and other professionals to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Although formal training had not been given for the Mental Capacity Act 2005 information was available for staff to access on the computer system and all staff we spoke with understood the importance of this. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice maintained registers of patients who were identified as needing extra support such as people with long term conditions, palliative patients (patients near the end of their lives) and patients with poor mental health. The practice had a range of health information available to patients and smoking cessation advice was provided.

The practice had a comprehensive screening programme. The practice's update for the cervical screening programme was 90%, which was below the national average of 97.6%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example;

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 92% which was comparable to the CCG average of 95% to 100%.
- Flu vaccination rates for the over 65s were 66.82%, lower than the CCG average of 73.42%.
- Flu vaccination rates for the at risk groups were 42.78% under the CCG average of 52.29%.

The practice carried out appropriate health assessments and checks. For example eight week baby checks and over 75 health checks. The practice also carried out NHS health checks for people aged 40-74.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we saw that staff were professional and helpful to patients. There was a room available for patients to speak with receptionists in private and this was clearly advertised in the reception area. All the consultation rooms were closed when patients were seen so that conversations could not be overheard. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained.

We received 31 comment cards which were mainly positive about the standard of care received. Patients described the staff as kind, caring and considerate. We also spoke with 13 patients during our inspection this included 4 members of the patient participation group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The patients we spoke with were positive about the practice.

Results from the national GP patient survey published in 2015 were lower than CCG and national averages for example:

- 76.8% said the GP was good at listening to them compared to the CCG average of 89.3% and the national average of 88.6%
- 69.3% said the GP gave them enough time compared to the CCG average of 87.9% and national average of 86.8%.
- 91.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.7% and the national average of 95.3%.
- 76.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85.1%.
- 87.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.4% and the national average of 90.4%.
- 66.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 86.9%.

The PPG recently produced an article for the newsletter on a day in the life of a GP in order to help patients understand some of the work that went on behind the scenes. From January 2016 the practice will have four extra GP sessions per week and two extra nursing sessions to help respiratory patients and therefore increasing the appointment time. The practice have also employed a pharmacist to help answer medicines related queries and help medicines optimisation (helping patients making the most of their medicines).

The practice acknowledged that their survey results were low and had been meeting with the NHS England Area Team to discuss how this could be improved. They were also working closely with the PPG on this issue. Since the survey they had introduced telephone triage in 2015 to help address this situation. Online booking was also introduced in 2015 following the survey results.

Patients felt cared for and said they were receiving an excellent service. Patients praised GPs, nurses and receptionists during our conversations on the day.

Care planning and involvement in decisions about care and treatment

A third of the CQC comment cards patients completed specifically praised the GPs and nurses for listening to them. Almost all the patients we spoke with on the day of the inspection commented that they felt listened to and involved with their care and treatment to enable them to make decisions about their health.

Results from the national GP patient survey we reviewed showed patients responded positively on the whole to questions about their involvement in planning and making decisions about their care and treatment. Results were again were below local and national averages. For example:

- 78.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.1% and the national average of 86.3%.
- 67.9% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 82.5% and the national average of 81.5%.

Staff explained that translation services were available for patients who did not have English as a first language. A

hearing loop was available for patients with hearing impairments and British Sign Language interpreters could also be contacted if required. The practice leaflet was available in large print format.

Patient/carer support to cope emotionally with care and treatment

The lead GP had undertaken palliative care training and the deputy practice manager had provided bereavement care training to all staff. The practice had a death notification form that was completed by the staff member that was first informed about the death. This was then shared with the rest of the team electronically. The practice also had a deaths board (a list of patients who had passed away so that staff knew to be extra sensitive when family members called) and this was discussed at the monthly palliative care meetings. Staff we spoke with in the practice recognised the importance of being sensitive to people's wishes.

Notices in the patient waiting room signposted people to a number of support organisations for example Worcestershire Carers Association. All carers at the practice were coded on the clinical system so that they could be identified and offered support. A total of 1% of the practice list were identified as carers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups for example:

- The practice had quarterly visits of the Redditch and Bromsgrove Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. They discussed CCG core messages and strategies to improve healthcare such as, antibiotic audits, strategies for reducing C.Difficile (a type of bacterial infection that can affect the digestive system) infection in the elderly, opportunistic pulse checking at chronic disease and flu clinics to identify atrial fibrillation (irregular heart rhythm). The practice had followed advice from the meetings and National Institute for Health and Clinical Excellence (NICE) guidelines. As such they had diagnosed more patients with atrial fibrillation compared with the rest of the CCG.
- The practice had employed a practice based pharmacist and planned to provide them with training to improve their prescribing and management of patients' medicines.
- The practice had developed a dementia screening protocol and encouraged a proactive approach so that older patients with dementia could be identified with appropriate investigation and referral. All of the patients identified were reviewed annually.
- The practice participated in the avoiding unplanned admissions service which focussed on their top 2% of elderly and vulnerable adults most at risk of an admission formulating care plans where appropriate. The practice held monthly palliative care meetings which were aligned with the gold standards framework which included cancer patients, patients with chronic disease and the frail elderly. These meetings were governed by their palliative care protocol. Responsible doctors were assigned at these meetings for each patient to ensure follow up and continuity.
- The practice ran clinics for asthma, Chronic Obstructive Pulmonary Disease (COPD) the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections, diabetes, coronary heart diseaseand rheumatoid arthritis with protocols for diagnosis and management of chronic disease. These patients were reviewed annually. The practice combined their recall systems with their prescribing so that all patients had a review date on their prescriptions. When a prescription was renewed, GPs would check the patient had the appropriate checks, blood tests and monitoring of their condition carried out and was receiving the most appropriate medication. If the patient was due a review, GPs would send a message to the receptionists to see the patient. The review date on the prescription would not be altered until the patient had attended.
- Eight week baby checks were carried out at the same time as the child immunisation clinics so that parents could have their child immunised immediately after their health check.
- The practice ran an emergency triage service which meant that patients could ring for emergency advice or obtain an appointment depending on their need. If for example a child was sent home from school they could be seen by a doctor the same day.
- The practice had a suite of gynaecology protocols developed with consultants of the local hospital. This enabled the practice to offer appropriate evidence based care of some of the more common gynaecological problems.
- The practice had physiotherapy on site which was available within one to two weeks when referred.
- The practice was working closely with the YMCA support worker to improve access and support for vulnerable patients.
- There was a practice based counsellor who saw patients who were in need of counselling through their personal circumstances.

The practice also provided the following:

- There were longer appointments for patients with a learning disability. One of the practice nurses was the lead for patients with learning disabilities.
- Home visits were available on request for older patients and patients who would benefit from these.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had suitable facilities for patients with a disability.
- The practice had a hearing loop and translation services.

Access to the service

The practice was open between 8.30am and 6pm from Monday to Friday. Appointments were available from 8.30am to 11.30am and from 2pm to 6pm on weekdays. Appointments could be booked up to 4 weeks in advance; urgent appointments could be booked on the day and the practice also offered a telephone consultation service with GPs and practice nurses.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. Most of the people we spoke with on the day of the inspection and on the CQC comment cards said they were able to get appointments when they needed them. For example:

- 56.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.4% and national average of 75.7%.
- 48.7% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78.3% and national average of 74.4%.
- 44.8% of patients described their experience of making an appointment as good compared to the CCG average of 76.1% and the national average of 73.8%.
- 48.8% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.2% and national average of 65.2%.

The practice acknowledged that their survey results were low and had been meeting with the NHS England Area Team to discuss how this could be improved. They were also working closely with the PPG on this issue. Since the survey they had introduced telephone triage in 2015 to help address this situation. Online booking was also introduced in 2015 following the survey results.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We found that information to help patients to understand the complaints system was not readily available. The practice informed us during the inspection that they would be updating the website to inform patients how to complain and would include advocacy information. There was a complaints leaflet available behind the reception desk but this was not visible to patients who required it. Some patients we spoke with during the inspection were not aware about how to make a formal complaint, though they had never needed to complain. The practice manager told us they would address this situation. .

We did however see evidence that the practice dealt with complaints in a satisfactory manner. We reviewed ten complaints during our inspection which had been received over the last 12 months. Staff informed us that learning from complaints was discussed at staff meetings. For example a patient was unhappy with a clinical decision. An explanation of the reason for the decision was provided by the practice and this was discussed at the next practice meeting.

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 provide personalised, high quality, safe and effective services**.** During our inspection we could see that the practice was forward thinking and that the practice management team and GPs had pride in their surgery. Staff we spoke with told us that the practice had come a long way over the last eighteen months and staff discussed this in a very open way. Staff told us that the practice's ambition was to become a training practice in the future. They were constantly looking for new ideas and ways to improve such as the introduction of staff workbooks.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and this had developed significantly over the last eighteen months. The practice management team had a very clear focus on strengthening this throughout the practice.

- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and make improvements such as the disability audit which enabled patients with hearing impairments or visual impairments to be coded so that extra support could be offered.
- All staff carried out regular training and the workbooks helped to place emphasis on individual roles and responsibilities.
- Regular practice meetings took place with all team members.
- GPs worked in an open office away from their consultation rooms after their appointments had finished. This made them accessible to all staff and also enabled them to discuss any complexities and share learning with each other. Staff informed us during our discussions that they often raised concerns with doctors during this time. They felt that this created more of an open culture and teamwork.
- There was a clear leadership structure with named GPs in lead roles. Staff we spoke with told us there was an open door policy and they felt valued and supported by GPs and the practice management team.

Quality and Outcomes Framework (QOF) was regularly discussed at practice meetings. This is a system intended to improve the quality of general practice and reward good practice.

Leadership, openness and transparency

The practice had regular meetings which all members of staff attended. Staff stated that there was an open door policy and they could always approach the GPs and practice management team with concerns. Staff also commented on how leadership had improved over the last eighteen months. For example, one member of staff explained that previously if patients had been aggressive towards them, staff had been left to deal with the situation by themselves. They explained that this had changed and now if staff felt threatened they were fully supported and a member of the practice management team or one of the GPs would always come out to help them.

Staff were encouraged to make suggestions and raise concerns. The emphasis that had been placed on training by the practice management team encouraged this. For example the conflict management training created a forum for staff to raise their views.

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

The importance of patient feedback was recognised and there was an active patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with four members of the PPG during the inspection. The PPG had seven members and met quarterly.

The PPG told us that the practice listened to them and that it worked well. Two or three GPs always attended their meetings. The deputy practice manager would always take minutes during the meeting and these would be circulated to all members.

The PPG gave several examples of improvements to the practice as a result of suggestions that they had made. For example they suggested a new telephone number as previously the practice had a number which led to patients paying premium rates. This has now been changed to a local number as a result of their suggestion.

Another change implemented as a result of the PPG's suggestion in 2015 was about appointment times.

Are services well-led?

Good

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

Previously patients who had an appointment at 8.30 would queue up at 8.30 when the doors opened. This meant that they were waiting in a queue of patients who had later appointments. Now the practice opened their doors at 8.20 so that patients with an 8.30 appointment did not run late. Patients we spoke with on the day of the inspection told us this had made a difference to them.

Staff we spoke with felt involved and listened to by the practice management team and GPs.