

The Peel 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?

Requires improvement



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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to The Peel Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Peel Medical Practice on 8 February 2016. Overall the practice is rated as Good.

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

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. A process had been implemented to record information about safety and to ensure it was appropriately reviewed and addressed.
- Improved safety systems were being implemented following a change in management but evidence that appropriate recruitment checks had been completed on all staff was incomplete.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment since the appointment system had been changed. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A clear leadership structure was implemented following change in management three weeks prior to the inspection date. Staff responded in a positive manner to the change and commented that they felt supported and listened to.

Summary of findings

- The practice had an active patient participation group and proactively sought feedback from staff, patients and third party organisations, which it acted on.

We saw two areas where the practice must make improvements:

- Ensure that personnel files of existing staff include evidence that the appropriate checks have been undertaken.
- Have a robust system to secure and account for prescription pads and forms within the practice.

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

The practice should:

- Perform a risk assessment on procedures carried out in carpeted consulting rooms to minimise the risk of infection.
- Complete a review of the number of patients identified as carers.
- Complete a risk assessment of data retention of confidential personal information.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held monthly meetings for all staff where learning could be shared.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse.
- Infection prevention control was well managed and regularly audited. However, risk assessments had not been completed for the use of carpet in clinical areas.
- A recruitment policy was in place that detailed all of the appropriate checks to be completed on staff. However, the practice was unable to access some files to demonstrate that all existing staff members had received appropriate checks.
- Prescription pads and forms were stored in a locked room but a robust system was not in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice monitored performance and made improvements when indicators showed below average results when benchmarked with other practices.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparably to local and national averages in aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had a carers' champion and there was a dedicated noticeboard for carers in the waiting room.
- The provider had a carers register but only 45 patients were recorded as also being carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were offered to children and those with serious medical conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs. These included a dedicated room for baby changing and breastfeeding.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, a new telephone system was installed following discussion with the PPG.

Good



Are services well-led?

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

Good



Summary of findings

- There was a written mission statement to deliver high quality care, to listen and communicate effectively, and to work in partnership with the patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure with defined roles.
- Staff felt supported by the management and had access to a confidential counselling service provided by a third party.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a written business plan that set out clear objectives for the next two years.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) which influenced practice development.
- There was evidence of continuous learning and improvement at all levels. For example, the senior partner had enrolled on a management course.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a completed care plan, a named GP and all hospital admissions were reviewed. This included patients who resided in nursing and care homes. Care homes each had an allocated GP and an emergency contact number had been provided to care home staff to contact the practice. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. The practice was responsive to the needs of older people and offered home visits and longer appointments as required.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in nurse led chronic disease management clinics and written management plans had been developed for patients with chronic obstructive pulmonary disease (COPD), asthma and diabetes. The patient triage protocol stated that patients with long term conditions should be offered same day appointments with a GP or the advanced nurse practitioner. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed and reviews were coordinated to minimise the required number of patient visits. All patients with a long term condition were offered a review to check that their health and medication needs were met. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. A number of treatment rooms were upstairs but there was no lift in the building. However clear signage informed patients that consultation rooms were available downstairs if required. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the child

Good



Summary of findings

immunisation rates were comparable with the local Clinical Commissioning Group averages. The practice worked closely with the health visiting team to encourage attendance. New mothers and babies were offered post-natal checks. The emergency equipment included a separate paediatric resuscitation box.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including repeat prescription requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group. For example, a chlamydia testing kit was positioned in a discrete area of the waiting room for patients to self-screen without the need to make an appointment.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing, sight and language difficulties.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. There was a policy for how to register patients with no fixed address.

People experiencing poor mental health (including people with dementia)

Good



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

Summary of findings

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

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to the advocacy service where appropriate.

Summary of findings

What people who use the service say

We spoke with 15 patients during the inspection. We collected 28 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced. Patients said they felt the practice appointment system provided same day access and commented positively on the recently introduced triage system. Eleven patients spoken with on the day had telephoned the practice that morning and had been given a same day appointment. They said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care. Comment cards highlighted a good level of patient satisfaction with staff, access to appointments and the care provided. Two patients mentioned that they had experienced difficulty when contacting the practice by telephone.

The national GP patient survey results published on 2 July 2015 suggested that the practice performance was comparable with local and national averages in general levels of patient satisfaction. For example:

- 72% of respondents were satisfied with the surgery's opening hours compared with the Clinical Commissioning Group (CCG) average of 76% and national average of 75%.
- 84% of respondents said the usual wait to be seen was 15 minutes or less after their appointment time compared with the CCG average of 68% and national average of 65%.
- 82.7% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 80.4% and national average of 77.5%.

However the results indicated the practice performed below average when patients were asked about their experience of access by telephone and of making an appointment. For example:

- 48% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 71% and national average of 73%.
- 65.4% of respondents described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73.3%.

We discussed the results with the practice manager during the inspection. The practice had responded to the low satisfaction scores on telephone access with the installation of a new telephone system in September 2015. An internal patient survey that sought feedback on the new system had been conducted in January 2016 in conjunction with the patient participation group (PPG). Results seen on the day showed that 169 out of 179 respondents said it helped to have the automated response. However, only 90 out of 179 respondents said they found the new system easier to use than the previous telephone system. The practice explained that recruitment of additional receptionists was planned and stated that further improvements in responding to telephone calls would result.

There were 113 responses to the national GP patient survey which was a response rate of 32.4%.

Areas for improvement

Action the service **MUST** take to improve

The practice must:

- Ensure that personnel files of existing staff include evidence that the appropriate checks have been undertaken.

- Have a robust system to secure and account for prescription pads and forms within the practice.

Action the service **SHOULD** take to improve

The practice should:

Summary of findings

- Perform a risk assessment on procedures carried out in carpeted consulting rooms to minimise the risk of infection.
- Complete a review of the number of patients identified as carers.
- Complete a risk assessment of data retention for confidential personal information.

The Peel Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to The Peel Medical Practice

Peel Medical Practice is situated in the town centre of Tamworth. The practice was established in 1995 and shares a building with a pharmacy that is not connected to any of the partners or employees. Tamworth is one of the largest towns in Staffordshire with a population of approximately 77,000. The area has pockets of deprivation but overall is in line with the national average. There is a large variation in life expectancy dependent on which part of the practice catchment the patients live, with the most deprived areas having a life expectancy of seven years less than the less deprived areas. The practice has a list size of 14,125 which has increased by 1500 patients in the past 18 months. The age profile is typical of a town centre practice with the percentage of patients under 65 years being higher and the percentage over 65 years lower than the national averages.

The practice has five GP partners and five salaried GPs whose combined number of clinics is equal to eight whole time equivalents. The partners are assisted by a clinical team consisting of an advanced nurse practitioner, four practice nurses, one healthcare assistant and a phlebotomist. The administration team consists of an acting practice manager, reception supervisor, ten administrative and seven reception staff. It is a training practice and has links with Birmingham University Medical

School. There have been significant changes in management with the senior partner leaving 15 months before the inspection and the practice manager three weeks before.

The practice is open from 8am to 6.30pm from Monday to Friday and offers extended hours between 7.30am and 8am in the morning and between 6.30pm and 8pm in the evening. When the practice is closed patients are signposted to the NHS 111 service using a telephone message. The practice opted out of providing an out of hours service, choosing instead to use a third party provider. The nearest hospitals with A&E units are situated at Good Hope Hospital, Sutton Coldfield and Queen's Hospital in Burton-Upon-Trent. There is a minor injury unit at the Sir Robert Peel Hospital in Tamworth.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?

Detailed findings

- 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 8 February 2016.

We spoke with a range of staff including GPs, nurses, the acting practice manager and members of administration staff during our visit. We sought the views from the representatives of the patient participation group, spoke with patients and looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been 14 events recorded in the preceding 12 months.

- Staff told us that as part of a recent restructure, an appointed lead was responsible for significant events and any incidents were recorded on a form available on the practice's computer system. A summary was produced of the previous 12 months events.
- The practice carried out an analysis of the significant events. Dedicated formal meetings were arranged to review individual significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an abnormal test result was filed as requiring no action in error when on review a referral was required. The electronic filing system was changed and the practice demonstrated learning from the event. The changes made required a comment to be added by the GP when filing a test result that required no action.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details

for local safeguarding teams and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received role appropriate training to nationally recognised standards. For example, GPs had attended level three training in safeguarding children. A GP partner was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.

- Notices at reception and in the clinical rooms advised patients that staff could act as chaperones, if required. Trained nursing staff acted as chaperones and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received up to date training. However a number of the clinical rooms were carpeted and no risk assessments of potential infection from procedures carried out in these rooms had been completed.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Blank prescription forms for use in printers and those for hand written prescriptions were stored in a locked room. There was no robust process to ensure that they were tracked through the practice in line with national guidance. Subsequent evidence sent from the practice suggested a prescription tracking system was started the day after the inspection visit.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. However we noted that a new

Are services safe?

recruitment policy and recruitment checklist had been introduced in February 2016 that included all appropriate checks and an induction programme. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice stated that they understood all checks had been completed by the previous manager but files could not be accessed to provide evidence.

Monitoring risks to patients

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

- The practice had up to date fire risk assessments although no fire drill had been carried out since 2011. Evidence sent the day after the inspection stated that a fire drill had been performed on 9 February 2016. The evidence included an audit of the evacuation which concluded it had been a successful evacuation.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it worked properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Infection prevention control audits were undertaken in line with National Institute for Health and Care Excellence (NICE) guidelines. The most recent audit had been completed in November 2015. However, the use of carpeted floors in some clinical rooms had not been risk assessed.

- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- The practice had undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system embedded in the computer system which alerted staff to any emergency.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room. Emergency medication was kept in dose sizes that were suitable for children.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off site.
- The practice had a procedure for vaccination fridge failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). For example, teenage pregnancy in Tamworth is higher than the national average and the practice offered a long acting contraception service (LARC) five days a week that included evening appointments.

The practice had a register of 62 patients with learning disabilities. Annual reviews were completed and the practice had completed 35 to date for the year ending 31 March 2016.

Management, monitoring and improving outcomes for people

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

- The practice achieved 87.8% of the total number of points available. This was lower than the national average of 93.5% and the CCG average of 92.7%. This performance was slightly lower than the 2013/14 performance of 89.6%
- Clinical exception reporting was 7.2%. This was lower than the national average of 9.2% and CCG average of 9.8%. Clinical exception rates allow practices not to be

penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.

We spoke with GPs and the practice manager about this performance. The practice had appointed a GP as the QOF lead and implemented a robust system for 2015/16 to improve the management of patients with long term conditions. They told us that patients were not excepted without authorisation by a clinician. We saw evidence that suggested an improvement would be made in the year ending 31 March 2016. For example, 80% of patients on the mental health register had completed care plans and 78% of mental health reviews had been completed.

There had been nine clinical audits in the last two years. All of these were cyclical audits where the improvements made were implemented and monitored. The audits included a review of the in-house orthopaedic service. The results from the first audit revealed a number of inappropriate referrals. The second cycle evidenced a significant reduction in inappropriate referrals following the introduction of an electronic assessment tool for use by GPs.

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

Effective staffing

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

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house. Electronic templates were completed to manage chronic diseases.
- GPs had additional training in minor surgery, female health and the implantation of contraceptive devices.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, confidentiality and health and safety.
- All staff felt supported to develop and had received at least annual appraisals.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff worked extra hours to provide holiday and sickness cover when required.

Coordinating patient care and information sharing

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

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

- The GPs met daily for an informal meeting and discussed patient related issues from that morning and agreed on home visits.
- A weekly meeting was held that rotated the agenda between prescribing reviews with the CCG medicines optimisation pharmacist, practice primary care, patient risk stratification and education. Minutes were taken and distributed to all clinical staff.
- The practice held a monthly meeting attended by other professionals, including the health visitor and community nurses, to discuss the care and treatment needs of patients assigned to the community team.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

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

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were offered a NHS Health Check outsourced to a third party provider. All new patients were invited to attend a new patient check.
- Palliative care patients were alerted to staff using an electronic flag. Staff told us that this cohort of patients would be given a same day appointment.

Data from QOF in 2014/15 showed that the practice had identified 11.79% of its patients with hypertension (high blood pressure). This was lower than the CCG average of 14.97% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 82.1% which was comparable with both the CCG average of 81.2% and the national average of 81.8%.

Data from 2014 published by Public Health England showed that the number of patients who engaged with national screening programmes was slightly higher than local and national averages.

- 73% of eligible females aged 50-70 attended screening to detect breast cancer in the last 36 months. This was comparable with the CCG average of 73.2% and national average of 72.2%.
- 60% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was comparable with the CCG average of 61.7% and the national average of 58.3%.

The practice provided adult and childhood immunisations and rates were in line with CCG and national averages.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We spoke with 15 patients during the inspection and collected 28 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two comment cards had negative comments about getting through to the surgery by telephone to make an appointment. The practice had conducted an internal patient questionnaire in 2016 that canvassed opinion on the new telephone system. Results suggested an improvement in patient satisfaction and we were told further improvements would result from the planned recruitment of two additional reception staff.

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

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 349 patients to submit their views on the practice, a total of 113 forms were returned. This gave a return rate of 32.4%.

The results from the GP national patient survey showed patient levels of satisfaction were comparable with both local and national averages. For example:

- 87.1% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88.9% and national average of 86.6%.

- 98.2% said they had confidence and trust in the last GP they saw or spoke with compared to the CCG average of 96.8% and national average of 95.2%.
- 93.1% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92.9% and national average of 91%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information showed patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs was comparable to local and national averages. The GP patient survey published in July 2015 showed:

- 79% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 83.1% and national average of 81.4%.
- 83% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87.1% and national average of 84.8%.
- 89.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89.6%.

This data was supported by the comments from patients we spoke with on the day.

Patient/carer support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who are carers whenever possible. The policy included the offer of a basic health check to all carers. There was a carers' register, however the 45 patients on the register was significantly below the expected number for a practice with a list size of 14,000 (based on national data for general practice, the average number of carers identified is 2% of the list size).

There was an information leaflet and a dedicated noticeboard for carers in the waiting room. A member of the practice team had recently been appointed as a carers' champion.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, Tamworth had a high number of teenage pregnancies and the practice provided a long acting reversible contraceptive (LARC) clinic.

The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice had recently started a triage system for same day appointment requests. Patients who requested an urgent appointment received a same day telephone call from the advanced nurse practitioner or a GP.
- There were disabled facilities, a hearing loop and translation services available.
- The treatment rooms were not all located on the ground floor of the building. Signage informed patients to request a downstairs room if the stairs were a problem.
- A dedicated baby changing and breastfeeding room was located on the ground floor of the building.

The practice held a monthly meeting with multi-disciplinary teams in the case management of patients with mental health needs. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression.

Patients were signposted to a number of support services through leaflets. This included support and services for patients with dementia. GPs attended common assessment framework (CAF) meetings one of which had received an outstanding rating from OFSTED (CAF provides a method for assessing needs for children and young people to support early intervention).

Access to the service

The practice was open from 7.30am to 6.30pm Monday to Friday. Appointments were available from 7.30am to

6.20pm. Pre-bookable appointments could be booked up to two weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day through a triage system (triage is a process of determining the priority of patients' treatments based on the severity of their condition). We saw there were bookable appointments available with GPs within two days and with nurses for the next working day. Urgent appointments were available on the day of inspection. The appointment system had been revised in February 2016 with the introduction of an advanced nurse practitioner. The new appointment system aimed to meet the demand for same day access. Staff told us that the triage system supported same day appointment availability for patients.

Results from the national GP patient survey published in July 2015 showed rates of satisfaction were comparable to or slightly lower than local and national averages.

- 71.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 81.8% of patients said the last appointment they made was convenient compared to the CCG average of 92.6% and national average 91.8%.
- 66.5% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.4% and national average of 57.7%.
- 86.4% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85.2%.

However the patient feedback on getting through to the surgery by telephone was significantly below both local and national averages:

- 47.7% said they find it easy to get through to the surgery by telephone compared to the CCG average of 71.1% and national average of 73.3%.

We discussed these results with practice staff and patients on the day of inspection. A new telephone system had been installed that provided an automatic response and call diversion, for example, a direct line for repeat medication requests. We were told that recruitment was

Are services responsive to people's needs?

(for example, to feedback?)

underway for two additional receptionists. An internal questionnaire on patient satisfaction with the telephone system, completed after installation, indicated that an improvement had been made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, in the practice booklet and on the practice website.

The practice had received 25 complaints in the last 12 months. We viewed the template completed to log complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. There was a trend of complaints about customer service which accounted for ten of the complaints. Customer service training had been given to staff and the new telephone system recorded conversations. Four of the complaints were from patients unhappy with the telephone system. Three of these were from before the new telephone system was introduced.

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 formalised business plan that detailed its aims and objectives for a two year period. The practice held weekly management meetings that all staff were invited to attend. Staff we spoke with understood the vision held by the practice and a copy of the practice mission statement was attached to the staff noticeboard.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The practice explained that certain files could not be accessed and some evidence was missing as a result, for example personnel records. A recruitment policy had been implemented but no risk assessment had been completed on the incomplete personnel files.
- Most risk assessments were done except for procedures carried out in carpeted consulting rooms and retention of personal confidential information.
- The GPs met daily for an informal meeting, weekly for a clinical meeting, and monthly with other health professionals, including the community team.

Leadership, openness and transparency

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a monthly basis and assisted with the annual patient surveys. There were examples seen of what the practice had done to improve the service through discussion with the PPG. For example:

- The introduction of a new telephone system.
- A redesign and simplification of the practice website following feedback from the PPG.

The PPG attended on the day of inspection and told us that the practice engaged with them and involved them in discussions on patient complaints and proposed changes that affected patient experience.

Are services well-led?

Good 

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

Continuous improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, each member of staff including the GP partners received a 360 degree appraisal. The 360 degree appraisal is a process in which employees receive confidential, anonymous feedback from people who work around them. GP partners were given one week paid study leave each year and an individual budget for training.

The management team at the practice explained that they had changed the working culture in the past 12 months to create an open, blame-free, patient centred environment.

Staff we spoke with spoke of improvements made with communication and support from the GP partners and acting practice manager. Data from the Friends and Family Test suggested that recent patient comments had been more positive. In January 2016, there were 31 respondents all of who said they were likely or extremely likely to recommend the practice to family and friends.

Innovation

The practice arranged for an orthopaedic surgeon to hold a weekly clinic in the practice to reduce the need for referral to secondary care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19(3) (a) Fit and proper persons employed. Checks carried out on persons employed must meet the requirements of schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(2) (g) Proper and safe management of medicines. The provider must ensure that prescription pads and forms are kept securely and that their use is adequately monitored.