

The Smethwick Medical Centre

Inspection report

Regent Street
Smethwick
West Midlands
B66 3BQ
Tel: 01212893418
[https://modalitypartnership.nhs.uk/
your-gp-practice/west-midlands/gp/
smethwick-medical-centre](https://modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/smethwick-medical-centre)

Date of inspection visit: 2 May 2018
Date of publication: 21/06/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice was previously inspected in August 2017 and rated as Requires improvement overall.

This practice is now rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Smethwick Medical Centre on 2 May 2018 to follow up on breaches of regulations that were identified in the August 2017 inspection.

At this inspection we found:

- The practice had taken appropriate action following our previous inspection in August 2017 to ensure they were acting on patient feedback to improve patient experience. They had employed additional clinical staff, increased the number of face to face appointments and provided appropriate training for staff to improve communication skills.
- Patients we spoke with and comments cards we received showed there had been an improvement in staff communication, leading to improved patient satisfaction.
- Patient feedback relating to the appointment system and telephone access remained mixed, however, we saw the practice had taken action since our last inspection to try and improve patient experience and they were monitoring patient feedback.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. However, we saw not all records were completed in line with the provider's policies.
- When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice employed an elderly care nurse who was able to provide holistic support to patients and their carers.
- The practice was actively involved in research. The practice gave us examples of how this research benefited their patients including diagnosis of medical conditions previously undiagnosed.

The areas where the provider **should** make improvements are:

- The provider should continue to ensure patient feedback is monitored and demonstrate they are responding appropriately.
- The provider should ensure all safety records are completed in line with their own policies.
- The provider should consider monitoring patients referred to social prescribing schemes in order to evaluate effectiveness.
- The provider should continue to monitor and take appropriate action to improve uptake for cervical screening.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Smethwick Medical Centre

The registered provider of The Smethwick Medical Centre is Modality Partnership, an organisation operating across 36 different locations, providing NHS services to more than 320,000 patients.

The practice address is Regent Street, Birmingham B66 3BQ. The practice also has a branch surgery, Hollybush Medical Centre, 435 Hagley Rd West, Quinton, West Midlands B32 2AD. We did not inspect the branch site as part of this inspection.

More information about the practice can be found on its website <https://modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/smethwick-medical-centre>

The practice is registered with CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by The Smethwick Medical Centre shows the practice is located in a more deprived area than national averages, ranked at two out of 10, with one being the most


deprived and 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

Based on data from Public Health England, 49% of people in the practice area are from black and minority ethnic groups.

The Smethwick Medical Centre and its branch surgery has a combined patient list size of 9000 patients. Patients can access either site. All clinicians and most non-clinical staff work at both sites.

The practice employs seven GPs, one physician's associate, two practice nurses, one advanced nurse practitioner, an elderly care nurse, two healthcare assistants and a Diabetes specialist nurse who also works at other practices within the wider organisation and one full time pharmacist. The practice is supported by one full time practice manager and reception and administration staff.

The practice is open between 08.00 and 20.00 on Monday and Friday and between 08.00 and 18.30 on Tuesday, Wednesday and Thursday. On Saturday, the practice is open between 09.00 and 13.00.



Appointments are from 08.30 to 11.30 each weekday morning and 14.00 to 19.30 on Monday and Friday, and 14.00 to 18.00 on Tuesday, Wednesday and Thursday. On a Saturday, appointments are available between 09.00 and 12.30.

Whenever the practice is closed, out of hours cover is provided by Primecare.



Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment was safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- We saw that all staff had received fire training, and most staff were trained as fire marshals, the practice had not carried out a fire drill since May 2017 and there was no evidence of fire extinguisher checks. Staff we spoke with during the inspection, told us how they would respond in the event of a fire.
- We saw policies had been reviewed and staff had access to them. However, we found the practice's Business Continuity Plan and the GP locum pack had not been updated to reflect changes in staff roles. Staff we spoke with during the inspection were able to tell us who they would contact if they needed support.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice told us they did not use locums or temporary staff very often, as they could use staff from other sites within the wider organisation if needed. As most policies and processes were created by the provider and were the same for all practices this minimised risks to patients as staff were familiar with them. However, when they needed to use locum GPs, the practice told us they tried to use the same clinician for consistency and we saw they had an information pack for temporary staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial prescribing in line with local and national guidance.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice made use of technology to improve services for patients. For example, the practice had been involved in a trial of a device that encouraged healthier lifestyles. The practice provided evidence to show at the end of the trial patients had achieved health benefits including a reduction in their HbA1C (a blood test used to monitor average blood sugar levels over a period of time) and weight loss.
- The practice were also involved in a Clinical Commissioning Group (CCG) pilot of using a prescription ordering direct system between the hours of 10.00 and 14.00. This was a dedicated phone line for patients to call to request a repeat prescription or ask any medication queries they had.
- The practice used telephone calls where appropriate to review patients and offered face to face appointments when needed, this ensured they used appointments more effectively.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice employed an elderly care nurse who followed up on older patients discharged from hospital. The nurse also ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- The elderly care nurse provided us with evidence to show how their role benefited patients and ensured patients attended appointments with the appropriate clinician.
- The nurse liaised with external agencies to arrange social activities and home adaptations for patients as needed.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention.
- The practice had taken part in a Diabetes awareness week in April 2018 and screened 222 patients. Through the screening they had diagnosed seven patients with Type 2 Diabetes and twelve patients with pre-Diabetes. All of these patients were added to the practice's monitoring programme.
- The practice had also taken part in a Atrial Fibrillation (AF) research project, through this, the practice had diagnosed four patients that were previously undiagnosed with AF and referred them on for appropriate management.

Are services effective?

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was above the CCG and national average. The practice told us they had achieved this by on-going regular chronic disease management and regular recall of non-attenders. They were working towards long term conditions clinic as opposed to specific disease monitoring clinics. The practice offered in house spirometry and they used vaccination clinics as an opportunity to include discussion of chronic disease management, their approach was to 'make each contact count'.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, uptake rates for the vaccines given 2016 to 2017 were below the target percentage of 90% The practice was aware of this and they had taken action to improve immunisation uptake. They gave us unverified data to show all childhood vaccination for 2017 to 2018 was at or above 87%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 70%, which was below the 80% coverage target for the national screening programme. The provider gave us unverified QOF data to show their level had increased to 86% for 2017 to 2018.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of the inspection, the practice did not have any homeless people or travellers registered with them.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- QOF data for 2016/2017 showed the practice had performed better than local and national averages for the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. The practice told us the elderly care nurse completed the dementia reviews and it was through their commitment to the role, this had been achieved.
- The practice gave us unverified data to show they had 48 patients registered with them as living with Dementia. Of these patients, 100% of patients had an annual medication review, 90% had received an annual face to face review and had a care plan in place. We reviewed three dementia care plans and found them to be comprehensive and involved the patient and or carer.
- The practice offered annual health checks to patients with a learning disability. These were carried out in the patient's own home/care setting if needed.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Are services effective?

- The practice used information about care and treatment to make improvements. We saw the practice discussed QOF performance during staff meetings with clinical and non-clinical staff. The practice had taken action following 2016/2017 QOF results to improve childhood vaccination rates and cervical screening rates.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice gave us examples of how their audits and research projects benefited their patient population and ensured staff were following NICE guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. For example, clinical staff had been provided with training on sepsis arranged by the CCG in April 2018 and reception staff had received training on communicating with vulnerable patients.
- We saw the practice manager had an effective system for monitoring staff training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice told us all staff received an induction, however when we reviewed two staff files in detail, the

practice was unable to provide us with completed induction information for both staff members. Following the inspection we were sent evidence of completed induction paperwork for both staff members.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice held monthly multidisciplinary meetings. Minutes we viewed showed a comprehensive agenda including discussion of safeguarding concerns, palliative care patients, discussion of carers assessment and falls assessments, new cancer diagnosis discussed, deaths and learning from incidents.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice told us they did refer patients to social prescribing schemes, however they did not monitor the outcome of the referral to see if the patient had attended or what impact it had on the patients health.
- The healthcare assistant and Diabetes specialist nurse had also been involved in a three month trial of an electronic device that encouraged patients to take charge of monitoring their health. They provided us with evidence to show 15 out of 50 patients had achieved a reduction in their HbA1C levels after using the device for three months.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

- The practice told us 79% of patients had been given stop smoking advice, of these patients, 36% had stopped smoking.
- Health checks were performed by a health trainer, supplied by the CCG who also provided lifestyle advice

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

At our previous inspection on 22 August 2017, we rated the practice as requires improvement for providing caring services. We found that the arrangements for responding to patient feedback to improve patient experience needed improving.

These arrangements had significantly improved when we undertook a follow up comprehensive inspection on 2 May 2018. The practice are now rated as good for providing caring services.

What we found as part of our inspection in May 2018

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mostly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- CQC comment cards we received were positive about the way staff treated patients, patients commented they had seen an improvement in reception staff.
- However, a small number of patients told us during the inspection that staff did not always treat patients with kindness. We discussed this with the practice during the inspection. The practice told us they were aware of this and of the data from the 2017 National Patient GP survey and had provided reception staff with customer service training, and additional training on communicating with vulnerable patients.
- The practice had conducted their own survey during two weeks in April 2018 and found that the number of patients who would recommend the surgery had increased from 36% to 79% and the number of patients who said they received an excellent or very good service from reception staff had increased from 75% to 85%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. All staff had received training on the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, interpreters, communication aids and easy read materials were available.
- We saw the practice had identified 2% of their patients list as carers and there was some information for carers displayed in the practice.
- There was no information displayed about support groups for patients experiencing a bereavement. However, the practice told us they contacted the family and offered counselling if it was appropriate and sign posted to relevant support groups.
- We spoke with seven patients during the inspection, they all told us they felt listened to and felt involved in decisions about their care and treatment.
- The provider was aware of the data from the 2017 National Patient GP survey and had carried out their own survey which showed improvements in the number of patients who felt their questions had been answered well and in the number of patients who said their follow up care was explained well.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The senior management team at the practice recognised the importance of people's dignity and respect. They offered support to staff if they felt this was not always being met

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection on 22 August 2017, we rated the practice as requires improvement for providing responsive services. We found that the arrangements for monitoring actions taken by the practice to improve patient satisfaction needed improving.

These arrangements had significantly improved when we undertook a follow up comprehensive inspection on 2 May 2018. The practice and all of the population groups, are now rated as good for providing responsive services.

What we found as part of our inspection in May 2018

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice had identified a large number of their patients spoke Punjabi and had employed one full time Punjabi speaking receptionist.
- The practice had introduced more face to face on the day appointments after responding to patient concerns.
- Telephone GP consultations and extended opening hours were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice told us they had implemented morning huddles where all clinical and non-clinical staff met briefly to discuss any concerns. This ensured staff could discuss patients and respond to them in a timely manner.

- The practice was involved in a CCG trial of a prescription ordering direct system where patients had a dedicated telephone number they could ring between 10.00 and 14.00 to discuss medication queries and order repeat prescriptions.

Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The elderly care nurse liaised with the GP to arrange urgent follow up appointments when it was necessary.
- The elderly care nurse offered continuity of care and was able to build relationships with patients and their carers and consequently be more responsive to their needs and provide holistic care.

People with long-term conditions:

- Patients with a long-term conditions received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with Diabetes had access to a Diabetes specialist nurse, who was employed by the practice and a consultant specialist in Diabetes held a clinic at the practice once a month to review patients.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A midwife held weekly clinics at the practice.

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

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or those patients with a drug or alcohol dependency.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- We saw there was information about the practice in an easy read format, this was also available in other languages too.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. .
- The elderly care nurse reviewed patients with dementia. Patients also had access to a specialist elderly care doctor once a month

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice used a call back system, where all patients requesting on the day appointments received a telephone call back from the GP first to assess if a face to face appointment was needed.
- Patients were able to pre-book face to face appointments from two weeks in advance with a clinician of their choice. All appointments on a Saturday were pre-bookable face to face appointments.
- Patients were also able to pre-book a telephone call back from 8pm the night before, using the online system.
- Patient feedback about the telephone call back system was mixed. However, patients reported they could get a face to face appointment if they needed it, although not always with the clinician of choice.

- Patients with the most urgent needs had their care and treatment prioritised. Patients told us they were always able to access appointments for their children if they needed them.
- Patients reported that the appointment system was easy to use however telephone access was still difficult at times.
- Patients told us they found the prescription ordering direct system useful and this reduced some of their frustrations related to accessing the practice by telephone.

Staff told us when the national GP survey had been carried out, they had recently started using a different appointment system and moved to the provider's contact centre for appointment calls. Staff felt patients may not have understood the new processes, so they had tried to inform patients. Staff told us since doing so they had received fewer complaints about access.

The practice had carried out their own survey during April 2018 which showed there were improvements in patient satisfaction with appointments and telephone access.

The survey also highlighted approximately 60% of patients were not aware of the practice's extended opening hours. The practice informed us they would be discussing this with their patient participation group on how to promote this service. We saw the practice had posters displayed in the waiting area about extended opening times, and it was advertised on their website.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- The practice recorded all written complaints, however they did not monitor verbal complaints if they were dealt with within 24 hours. This meant they were unable to monitor trends in all complaints.

Are services responsive to people's needs?

- The practice did have a comments box where patients could leave feedback, however the box was not easily accessible.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice followed the vision and set of values developed by the provider. The provider had developed values jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. We saw new staff received

reviews at one, three and six months. Staff had also received annual appraisals in the last year or were due to receive them in the next month. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established proper policies, procedures and activities to ensure safety. However, we found not all fire safety checks had been documented.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations. Practice leaders had oversight of national and local safety alerts, incidents, and written complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had a comprehensive business continuity plan in place which included guidance for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice had responded to patient feedback and arranged Understanding Vulnerable Communities training for reception staff, to improve communication with vulnerable patients.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- However, we saw the practice did not share themes or learning from incidents and complaints with the patient participation group.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal reviews of incidents and complaints. Learning was shared within the practice and within the wider provider organisation and used to make improvements.
- The practice were actively involved in research projects and were part of the Research Site Initiative Scheme (RSIS). The scheme has been set up by The Clinical Research Network in collaboration with the Royal College of General Practitioners (RCGP) to establish and maintain capacity and capability for GP practices to contribute to .
- Staff told us about national and international projects they had been part of that had benefited their patients. For example, a three month project in 2017, where they had selected 50 patients off their patient list and provided them with a device to monitor activity levels, pulse, heart rate, blood pressure and sleeping pattern. The device was linked to the patient's phone. Patients also received dietary and exercise advice from a coach as part of the project. After three months, the practice repeated blood tests for patients and found 15 out of the 50 patients had lowered their HbA1C levels and achieved weight loss. Two patients had halved their HbA1C levels. The practice found that by wearing the band this encouraged the patients to be more active and be more aware of how much exercise they were doing. They found the patients really enjoyed the experience and saw the benefits from the device and extended the trial for a further three months.
- The practice had also been involved in opportunistic screening for patients. The practice had contacted all non-diabetic patients by text message in April 2018 to

Are services well-led?

offer free screening for Diabetes. As a result, they screened 222 patients and identified seven patients with Type 2 Diabetes, and 12 with pre-Diabetes. They had also been involved in a AF (Atrial Fibrillation) screening project and identified four patients with AF that were all previously undiagnosed.

- The practice had won awards from the CCG in 2017 for their elderly care nurse and lead GP. We saw during the inspection, the good practice from these staff members was continuing to lead to benefits for patients.

Please refer to the Evidence Tables for further information.