

Croft Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 23 November 2017 to follow up on breaches of regulations identified in our inspection in April 2017.

This practice is rated as Good overall. (At the previous inspection on 26 April 2017 the practice was rated as requires improvement in safe, caring and responsive with good in effective and well led; with an overall rating for the practice of requires improvement). Although the practice had taken action to address areas for improvement it was too soon for the outcome of these actions to demonstrate impact, such as improvements to telephone access. The practice is still rated as requires improvement for providing responsive services.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

At this inspection we found:

- The practice had systems and processes to minimise risks to patient safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with staff and outcomes had been actioned.
- The system for recording, actioning and tracking patient safety alerts had been improved and demonstrated that all alerts had been reviewed and action taken where appropriate. All alerts were reviewed in clinical meetings.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the practice. This included medical indemnity checks carried out on locum GPs employed.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. This included appropriate arrangements for equipment and medicines that may be required to respond to a medical emergency.
- Information about services and how to complain was available to patients. The practice made improvements to the quality of care as a result of learning from complaints and concerns.
- There was a practice development plan that documented both their long and short-term priorities. This included actions they had taken in response to patient feedback about the difficulty in accessing appointments, and the plans for continued improvements.

- The practice had visible clinical and managerial leadership with audit arrangements in place to monitor quality.

There were areas where the provider should make improvements:

- The practice should continue to work towards improving access and measure the impact of changes to improve it.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people	Good	
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	

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to work towards improving access and measure the impact of changes to improve it.

Croft Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Croft Medical Centre

Croft Medical Centre is based in the Chelmsley Wood area of the West Midlands. There are approximately 10700 patients of various ages registered and cared for at the practice. The practice has seen an increase in the number of patients joining the practice with 1000 patients registered in the past 12 months.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The area served has higher deprivation compared to England as a whole.

There are three GP partners (2 male, 1 female) and three salaried GPs (female). The nursing team consists of two nurse practitioners (1 male, 1 female) 1 specialist nurse prescriber (female), four nurses and two health care assistants. The non-clinical team consists of a practice manager, assistant practice manager, administrative and reception staff. The practice is a teaching practice for the University of Warwick medical school. The practice also has close links with Birmingham City University and supports the training of nurses.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Extended hours and additional appointments are available after 6.30pm on selected weekday evenings, with flexibility to increase availability as pressures for appointments increase. Emergency appointments are available daily. Telephone consultations and home visits for patients who are unable to attend the surgery are available. The out of hours service is provided by the NHS 111 service. Information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Are services safe?

Our findings

At our previous inspection on 26 April 2017 we rated the practice as requires improvement for providing safe services.

Improvements were needed:

- To ensure that patients were protected against the risks of receiving unsafe care and treatment, particularly in relation to the administration of patient safety alerts.
- To ensure that all staff were up to date with immunisations.

We found these arrangements had significantly improved when we undertook a comprehensive follow up inspection on 23 November 2017. We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. Safety policies and procedures were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and through regular refresher training.
- There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance if staff had concerns about a patient's welfare.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out staff checks, including checks of professional registration on recruitment where relevant, and on an ongoing basis. DBS checks were undertaken where required.
- There was system to manage infection prevention and control. Annual audits were carried out to ensure the system was effective.

- At the previous inspection we had found that immunisation records were not available for all staff and there was no system that ensured all staff were up to date with routine immunisations. At this inspection evidence confirmed that all clinical staff had received immunisations to protect them from the risk of healthcare associated infections. A process was put in place to ensure these checks were done routinely with records kept.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a rota system to ensure there were enough staff available to meet the needs of patients. Nurse prescribers had been employed to support the GPs in the management of patients with acute illnesses.
- There was an effective induction system for temporary staff tailored to their role.
- 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 such as sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice shared relevant information with appropriate professionals to enable them to deliver safe care and treatment. This included alerting the out of hours services to patients who were likely to contact them to ensure continuous care was provided.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

There were suitable arrangements for managing medicines to ensure patients were kept safe.

- This included vaccines, medical gases, emergency medicines and equipment to minimise risks. Prescriptions were kept securely and their use was tracked and monitored.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms).
- Patients' health was monitored to ensure medicines were being used safely and monitored in keeping with current guidance. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for the safety of the building such as fire and infection control.
- The practice had processes that kept safety under review. This ensured they could understand the risks and provide an accurate, up to date picture that led to safety improvements.

Lessons learned and improvements made

The practice learned from and made improvements when things went wrong.

- There was a significant events protocol for all staff to follow for reporting incidents. Staff understood their duty to raise concerns and report incidents and near misses. There was a recording form available on the practice's computer system.
- A thorough analysis of significant events was carried out and discussed with staff at fortnightly practice meetings and monthly at specific significant event meetings. Shared learning outcomes had been included in the action taken. For example, from reports of minor events the analysis had identified a theme where there were issues with scanning and filing into patient records. A meeting was held to discuss these and a plan of action was implemented. As a result of this analysis a three monthly monitoring process was introduced.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- There was a system for receiving and acting on safety alerts. At the last inspection we had found that one safety alert had not been actioned. The practice had however, provided evidence following the inspection to show that action had been taken. At this inspection we found that all alerts had been reviewed and actioned where appropriate. Discussions about alerts had been added as an agenda item to all clinical meetings. Minutes of meetings and staff we spoke with confirmed that processes were firmly embedded.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice reviewed needs and provided care that met with current evidence based guidance and standards.

- There was a structured approach to the dissemination of guidance such as those from the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Systems ensured all clinical staff were kept up to date. Staff told us they could access guidelines from NICE electronically, and that this information was used to deliver care and treatment appropriate to patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate. For example, through clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- GPs attended local education events to improve practice in relation to new guidance and standards.
- Patients' 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.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- 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. The practice had identified that 37 patients on their patient register were not routinely seen so invites for health checks had been sent. Reviews had been carried out for 610 out of 733 (82%) patients over 75 years for the current year.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed 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.
- The practice was not an outlier in data relating to long-term conditions for example, diabetes, asthma, Chronic Obstructive Pulmonary Disorder (COPD) (lung diseases), hypertension and atrial fibrillation.

Families, children and young people:

- The practice was aware of the need to identify and review the treatment of newly pregnant women on long-term medicines.
- Children under five years of age were seen the same day.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, rates for the vaccines given to under two year olds were above the national average of 90% and five year olds ranged from 94% to 97%.

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

- The practice's uptake for cervical screening was 83%, which was in line with the 81% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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.

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice, in conjunction with the community learning disability team had reviewed their register for patients with a learning disability to ensure the register was accurate. There were 79 patients identified with a learning disability. Care reviews had been carried out for 31 of these patients so far this year, with invites sent to the remaining patients on the register.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was in line with the national average of 83%.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was higher than the national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 94% of patients experiencing poor mental health had a discussion and received advice about alcohol consumption which was higher than the national average of 91%.

Monitoring care and treatment

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

- The most recent published QOF results showed that 100% of the total number of points available had been achieved compared with the Clinical Commissioning Group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 13% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

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

- Audits carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- The practice participated in local and national benchmarking to monitor its performance.
- We looked at two full cycle clinical audits carried out over the previous year and saw that findings were used by the practice to improve services. For example, the practice had audited prescribing of antibiotics. The first audit was completed in November 2016 and followed up in February 2017. The practice had achieved 100% of the standards required for compliance with the Pan Birmingham Guidelines. (These guidelines had been agreed by the CCG).
- GPs attended local federation meetings at which audits were discussed.

Effective staffing

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

- All newly appointed practice staff underwent an induction programme covering essential topics. These included health and safety, infection prevention and control, fire safety, confidentiality and accommodating different languages.
- The practice ensured role-specific training and updating for relevant staff. For example, 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal in the previous 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidation.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and face-to-face training.

Are services effective?

(for example, treatment is effective)

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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 receiving end of life care, carers and those patients at risk of developing a long-term condition.

- The practice offered support including pre-diabetes screening, and referred patients to other services such as health trainers for lifestyle support. Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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, such as stop smoking campaigns and tackling obesity.

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.

Are services caring?

Our findings

At our previous inspection on 26 April 2017 we rated the practice as requires improvement for providing caring services. This was because improvements were needed in the following areas:

- The practice had not reviewed the below average patient feedback scores on satisfaction with consultations with GPs, to take action to make improvements to the patient experience.
- The processes for identifying carers, encouraging carers to notify the practice of their caring responsibilities and providing carers with information about support available to them needed to be reviewed and improved.

At this inspection we found that the practice had made improvements to address these areas. We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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 patient Care Quality Commission comment cards we received were positive about the service experienced.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) and the national averages of 89%.
- 91% of patients who responded said the GP gave them enough time compared with the local and national averages of 86%.

- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the local and national averages of 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the local and national averages of 86%.
- 92% of patients who responded said the nurse was good at listening to them compared with the local and national averages of 92% and 91% respectively.
- 96% of patients who responded said the nurse gave them enough time compared with the local and national averages of 94% and 92% respectively.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the local and national averages of 98% and 97% respectively.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the local and national averages of 92% and 91% respectively.
- 71% of patients who responded said they found the receptionists at the practice helpful compared with the local and national averages of 87%. This showed an improvement of 6% on the results for 2015/2016.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language, although staff told us that requests for interpreters were very rare.
- Staff communicated with patients in a way that they could understand. For example, Information leaflets in easy read and large print were available to patients and their carers.
- Patients were supported by practice staff to use the electronic referral system (E-referral) so they could choose a place, date and time for their first outpatient appointment at a hospital.

The practice had made improvements in identifying patients with caring responsibilities since the last inspection. Improvements included:

Are services caring?

- The practice's computer system alerted clinical staff if a patient was also a carer. The practice had identified 150 patients as carers, which represented 1.4% of the practice population, which was an increase of 0.5% since the last inspection.

Staff told us that if families had experienced bereavement, the practice sent a sympathy card and all staff were notified to ensure patients' families were well supported. GPs would also contact them to offer advice on how to find a support service.

Results from the National GP Patient Survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. The practice had focussed on work around improving patient satisfaction from 2016 and told us they felt satisfied with the improvements they had made. These improvements were reflected in the latest National GP Patient Survey results published in July 2017. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%. This was an increase of 21% on the previous year's results.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%. This was an increase of 24% on the previous year's results.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%. This was an increase of 5% on the previous year's results.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Feedback from a patient on a comment card confirmed that staff treated them with dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 26 April 2017 we rated the practice as requires improvement for providing responsive services. This was because patients found difficulty in accessing the practice by telephone and making pre-booked appointments with a named GP. Although the practice had taken action to address areas for improvement it was too soon for the outcome of these actions to demonstrate impact, such as improvements to telephone access. The practice is rated as good across all the population groups but still rated as requires improvement for providing responsive services.

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. For example, home visits were available for patients who were unable to attend the practice; same day appointments were available for children and patients whose condition required same day consultations; online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone triage had been introduced so patients could be assessed by a GP if no appointments were available; telephone consultations were offered for patients who were unable to attend for an appointment; and pre-bookable appointments had been promoted.
- Care and treatment for patients with multiple long-term conditions and patients approaching their end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.

- The practice supported two nursing homes and held monthly multi-disciplinary team meetings to discuss patients' needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

People with long-term conditions:

- 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 a long-term condition 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 a register and followed up patients at risk of developing diabetes. Clinical staff were trained to support patients in the management of their diabetes.

Families, children and young people:

- 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.
- Priority was given to children under the age of five years for care and treatment.

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

- 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 were available for three evenings a week.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Patients whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had worked with the community learning disability team to review whether the classification of all

Are services responsive to people's needs?

(for example, to feedback?)

patients on the register was accurate and up to date. As a result 79 patients were identified with a learning disability and invitations had been sent to these patients to attend for a review of their care.

- Information had been provided for patients with caring responsibilities, including details of telephone support available. The practice had encouraged patients to register so that the practice could provide additional information and support should they need this. At the time of the inspection the number of registered carers had increased to 150, which represented 1.4% of the practice population. Further work was in progress to identify and provide support for carers, including staff appointed as carer leads.

Patients experiencing poor mental health (including patients with dementia):

- Staff knew how to support patients with mental health needs and dementia.
- Patients had access to support services through Solihull Healthy Minds counselling service who held a clinic once a week at the practice.
- The latest published Quality and Outcomes Framework (QOF) data for 2016/17 showed 84% of patients with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly above the local average of 82% and the national average of 83%. This was a 10% improvement on the results for the previous year.

Timely access to the service

Many changes had occurred since the practice had moved to new premises in 2015. There had been significant staff changes (both a partner and the practice manager had left) which had been difficult for patients and staff. Rebuilding the staff team and a review of the services provided had been a priority. Additional staff had been recruited and two recently appointed were due to start within two weeks following this inspection.

Consolidation and development of their services moving forward to better meet patients' needs had been the aim for this year. They saw continual monitoring and adjustments in access to appointments and appointment availability as essential to this.

The results from the July 2017 annual National GP Patient Survey showed that although patients' satisfaction with how they could access care and treatment was lower than

local and national averages, there had been improvements on the previous years results. There were 361 surveys sent out and 117 were returned. This represented about 32% response rate and 1% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 74% and the national average of 76%. (This was a 5% increase on the previous year).
- 18% of patients who responded said they could get through easily to the practice by telephone compared with the CCG average of 64% and the national average of 71%. (This was a 10% increase on the previous year).
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%. (This was a 10% increase on the previous year).
- 71% of patients who responded said their last appointment was convenient compared with the CCG and the national average of 81%.
- 45% of patients who responded described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%. (This was a 14% increase on the previous year).
- 51% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%. (This was a 12% increase on the previous year).

The practice had carried out their own patient survey in September 2017 (221 patients surveyed) with questions that aligned with those of the National GP Patient Survey. The results of this survey had contrasted with the national results. For example:

- 84% of patients who responded said they don't normally have to wait too long to be seen which compared with 51% in the National GP Patient Survey.
- 93% of patients found reception staff helpful or fairly helpful.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment which compared with 72% in the National GP Patient Survey.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had analysed the National GP Patient Survey results and compared these with the previous years' results to identify key areas for their plan of action. This included:

- Improvements to telephone answering times.
- Increased telephone operators at key times.
- Changes made to the call waiting system to ensure that once the caller was in the queue they would not be disconnected.
- Weekly monitoring of call statistics to see where further improvements could be made.
- A telephone statistics board has been installed in reception so that the receptionists could prioritise calls. Daily monitoring ensured this system was working effectively.
- A call waiting message had been implemented to ease patients anxiety when trying to gain telephone access.

The practice had recognised that the high demand for on-the-day appointments. To manage this demand they had looked at innovative ways to create more appointments. This included:

- The conversion of 15 minute face-to-face appointments to five minute telephone triage appointments.
- A review of appointment types to combine tasks so that patients only needed one appointment for all their monitoring and care reviews.
- GP sessions had been increased. In June 2017 an additional 98 appointments per week had been created.
- Increased administrative support had been applied to support clinical staff so they had more time available for patients.

- Online booking of appointments had been made available to patients.

Regular monthly monitoring and review meetings were scheduled to ensure that actions taken were achieving improvements. This included meetings with the Patient Participation Group, practice and team leader meetings

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Twenty-eight complaints had been received in the last year. We reviewed four complaints and found that they had been satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Complaints were discussed at the practice meetings and learning from these resulted in improvements to the quality of care. For example, a number of complaints had identified a common theme in relation to some reception staff. Training and further discussion in staff meetings had taken place to develop staff skills in this area.

Are services well-led?

Good 

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

Our findings

The practice is rated as good for providing well-led services.

Leadership capacity and capability

GPs and senior staff had the capacity and the appropriate skills to deliver high-quality, sustainable care.

- They had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and the future of services. They understood the challenges and were working to address these. They had been open about the challenges they had faced which included the loss of key staff during 2016, recruitment of clinical staff and the difficulties in appointment access.
- The GPs and the practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were 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 strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to deliver high quality services.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. This information was displayed throughout the practice. 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. They felt they all worked together well as a team and spoke about their focus on the needs of patients at all time.

- There were positive relationships between staff and teams.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that any concerns they had would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was evident in the sample of complaints we looked at. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The safety and well-being of all staff was actively promoted and maintained.

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.
- Policies, procedures and activities had been implemented to ensure safety. These were available on the practice intranet and staff confirmed they knew how to access these.

Managing risks, issues and performance

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

Are services well-led?

Good 

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

- 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, prescribing and referral decisions.
- Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- 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 plans in place to respond to major incidents and staff had been trained to manage and respond to these.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- Practice monitoring of performance including the quality of service delivery was discussed in monthly leadership meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice addressed any weaknesses as they were identified.
- 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 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.

- The views of patients, staff and stakeholders were encouraged and acted upon to improve services. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, when improvements had been identified they would discuss this in team meetings where everyone was encouraged to share their ideas.
- There was an active Patient Participation Group (PPG) who met regularly with the practice to provide patient feedback and discuss service provision. The PPG told us that the practice acted on their suggestions where possible. For example, the practice had responded to their request that chairs with arms were provided for the waiting room to assist patients who experienced difficulties with mobility.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was part of local pilot schemes to improve outcomes for patients in the area.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.