Haslucks Green 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?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Haslucks Green Medical Centre on 21 April 2015.

We have rated each section of our findings for each key area. We have rated the practice as good for delivery of safe, effective, caring, responsive and well led services for the population it served. The overall rating was good and this was because on-going improvements had been made that had a positive impact on patient care by staff who were motivated and carried out their roles effectively. The practice is rated good for all population groups.

Our key findings were as follows:

- Practice staff worked together and were enthusiastic to make ongoing improvements for the benefit of patients. Practice staff had recognised where further improvements were needed and were putting systems in place to address them.
- The practice was visibly clean. The standards of hygiene were regularly monitored to protect patients from unnecessary infections. Health and safety arrangements were in place to protect patients from risks of injury when they visited the practice.
- There was a register of all vulnerable patients who were reviewed regularly. All patients we spoke with told us they were satisfied with the care they received and their medicines were regularly reviewed.
- Practice staff had identified carers and entered them on a register. GPs offered carers advice and signposted them to various support groups. Practice staff provided information and education about healthy living to patients who have long term conditions.
- The practice was able to demonstrate a good track record for safety. Effective systems were in place for reporting safety incidents. Untoward incidents were investigated and where possible improvements made to prevent similar occurrences.

Summary of findings

- We found that patients were treated with respect and their privacy was maintained. Patients informed us they were very satisfied with the care they received and their ability to book an appointment when they felt they needed to.

We found an area where the practice was outstanding:

- Regular workshops were provided where external speakers were invited to attend to educate patients about healthy living and long term conditions. These were organised by the Patient Participation Group (PPG) in conjunction with practice staff. PPGs are a way for patients and practice staff to work together to improve services and promote quality care.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. The practice had a good track record for safety. There was effective recording and analysis of significant events and evidence that lessons learnt were cascaded to all relevant staff for prevention of unnecessary recurrences. There were robust safeguarding measures in place to help protect children and vulnerable adults. GPs held meetings every month with a health visitor in attendance to discuss the care needs of those who were identified as being at risk of harm. There were reliable systems in place for safe storage and use of medicines and vaccines within the practice. Staff recruitment systems were robust and measures were taken for ensuring enough staff were available to meet patient's needs.

Are services effective?

Good

The practice is rated as good for providing effective services. Care and treatment was delivered in line with both the National Institution for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Clinical audits were regularly carried out and changes made to ensure patient care was appropriate for their needs. The findings from some audits resulted in changes to patients' prescribed medicines. There was evidence of multi-disciplinary working and the practice had developed a proactive system for ensuring patients received co-ordinated care. Arrangements were in place to identify, review and monitor patients with long term conditions and those in high risk groups. Patients had access to a range of support services to maintain a healthy lifestyle and improve their health. Staff had received training appropriate to their roles and further training needs had been identified and planned.

Are services caring?

Good

The practice is rated as good for providing caring services. We found and patients told us that practice staff were caring and helpful. The patients and Patient Participation Group (PPG) members we spoke with were complimentary about the care service they received. The PPG acted as representatives for patients in assisting the practice staff in driving improvements to the services that patients received. All patients we spoke with told us they were satisfied with their care and they had confidence in the decisions made by clinical staff. Patients told us and we observed that staff interacted with patients in a polite and helpful way and they greeted patients in a friendly manner. Staff ensured patient confidentiality was maintained.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Clinicians demonstrated how they listened to and responded to their patients. Practice staff had reviewed the needs of patients and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. We saw that efforts had been made to reach out to each population group to ensure they received appropriate care and treatments. The practice had appropriate facilities and was well equipped to assess and treat patients in meeting their needs. Of the 13 patients we spoke with 10 told us they could make appointments when they needed to, three told us they had difficulty. There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way.

Are services well-led?

Good

The practice is rated as good for providing well-led services. The systems that were in place confirmed that the service was well led. All staff worked closely together to innovate and promote continuous improvements. High standards were promoted and owned by all practice staff with evidence of team working across all roles. There was strong leadership with a clear vision and purpose. We found that all staff were encouraged and involved with suggesting and implementing on-going improvements that benefitted patients. Governance structures were robust and there were systems in place to effectively manage risks.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in this population group. All patients over 75 years of age had an allocated named GP. This is an accountable GP to ensure these patients received co-ordinated care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs. Reception staff were informed of who these patients were so that they could respond appropriately. The wishes of patients requiring end of life care were met, this included care being provided in the patient's home by the GP and multi-disciplinary team. Telephone consultations were available so patients could call and speak with a GP if they did not wish to or were unable to attend the practice.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. The practice held registers for patients with long term conditions and offered structured reviews for these patients to check their health and medicines needs were being met. Clinical staff had good working relationships with a wide range of community staff and held regular meetings with them to ensure patients received seamless care. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. Structured annual and if necessary more regular reviews were undertaken to check health and care needs were being met.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises were suitable for children and babies. Practice staff liaised with local health visitors to offer a full health surveillance programme for children. Checks were also made to ensure maximum uptake of childhood immunisations. The clinical team offered immunisations to children in line with the national immunisation programme.Women were given advice and information about the importance of cervical screening programmes. Midwives held ante natal clinics at the practice and staff had good links with health visitors to ensure children received appropriate care.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). Practice staff offered extended opening hours to assist this patient group in a accessing the practice. Appointments were available from 7.30am four days a week. Telephone consultations could be arranged and patients could make appointments and order their repeat prescriptions on line. Health promotion advice was offered by staff but limited health promotion literature was available through the practice. However, there were monthly newsletters developed that provided information about accessing the practice and health promotion. Regular workshops were provided where external speakers were invited to attend to educate patients about healthy living and long term conditions.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Practice staff had identified patients with a learning disability, carried out regular health checks and treated them appropriately. Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. All patients within this group had received annual or more regular health checks as required. GPs carried out regular home visits to patients who were physically unable to travel to the practice and offered advice via telephone consultations.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. GPs had the necessary skills and information to treat or refer patients with poor mental health. Practice staff worked in conjunction with the local mental health team and community psychiatric nurses to ensure patients had the support they needed. The staff we spoke with worked within the boundaries of the Mental Capacity Act 2005 and had appropriate skills for dealing with patients with dementia.

Summary of findings

What people who use the service say

We spoke with 13 patients during our inspection who varied in age. Some had been registered with the practice for many years. They informed us that staff were polite, helpful and knowledgeable about their needs. Patients told us they were given enough explanations so they understood about their health status and felt they were encouraged to make decisions about their care and treatment. They all gave us positive feedback about the standards of care they received.

Patients told us it was easy to obtain repeat prescriptions. Three patients told us they sometimes experienced difficulty in booking an appointment when they needed to. Other patients told us that booking appointments was not a problem. When the morning appointments had finished patients were able to obtain telephone advice from a GP. The practice had recently had a new telephone system installed and patients told us this had resulted in improvements in accessing the practice.

We collected 18 patient comment cards on the day of the inspection. Positive comments were made by all patients regarding the care they received, the helpfulness of staff and their ability to book an appointment. One patient commented that the care was good but they had difficulty in booking appointments.

We looked at results of the national GP patient survey dated 2014-2015. These are based upon national averages and the latest ones posted were:

- 96% said that reception staff were helpful, this was above average,
- 86% reported explained tests and treatments, which was above average,
- 93% of respondents reported acceptable convenience of their appointment, which was above average,
- 66.9% felt it was easy to get through by telephone which was average,
- 85% had good experience for making an appointment which was above average.

The practice had a Patient Participation Group (PPG). PPGs are a way for patients and practice staff to work together to improve services and promote quality care. The practice website invited patients to join the PPG. During our inspection we spoke with two members of the PPG, the chair person and a previous chair person. Both were complimentary about the services provided for patients and made positive comments about the changes that practice staff had put in place. They told us that staff listened and where possible had made changes that patients had requested.

Areas for improvement

Outstanding practice

- Regular workshops were provided where external speakers were invited to attend to educate patients about healthy living and long term conditions. These were organised by the Patient Participation Group (PPG) in conjunction with practice staff. PPGs are a way for patients and practice staff to work together to improve services and promote quality care.

Haslucks Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager.

Background to Haslucks Green Medical Centre

Haslucks Green Medical Centre provides primary medical services to approximately 6500 patients in the local community. There is a slightly higher than average number of older patients within the local community consisting of 18.8% compared with England's average of 16.5%. There is a higher than average number of pregnant patients registered at the practice.

There is one female GP in this practice. There are two salaried GPs (both female) working at the practice and a third male GP is due to commence in May 2015. It is a teaching practice for two medical students. There are two practice nurses and a health care assistant who also provide clinical services for patients. The practice manager is supported by five receptionists and three administrators who work varying hours.

The practice has a General Medical Service (GMS) contract with NHS England. A GMS contract means that patients are registered with the practice and not an individual GP but the practice will focus on delivery of quality clinical care and well managed services.

The practice offers a range of clinics and services including, asthma, child health and development, contraception, chronic obstructive pulmonary diseases (COPD) and minor surgery.

Practice opening hours are Monday 8am until 6.15pm, Tuesday, Wednesday and Friday 7.30am until 6.15pm and Thursday 7.30am until 4pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) an external out of hour's service contracted by the CCG.

The premises are also used for hospital community services. They are ophthalmology, cardiology (heart) and dermatology.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 21 April 2015. During our inspection we spoke with a range of staff including two GPs, A Clinical Commissioning Group (CCG) pharmacist, a practice nurse, the health care assistant, practice manager, the facilities manager, administration and reception staff. We spoke with 13 patients who used the service and observed how patients were being cared for and staff interactions with them. Patients had completed 18 comment cards giving their opinion about the service they received. We spoke with two members of the Patient Participation Group (PPG) who told us their experience not only as a member of the PPG but also as a patient of the service. The PPG is a way in which patients and the practice can work together to improve the service.

Good

Are services safe?

Our findings

Safe Track Record

We spoke with 13 patients about their experience at the practice. None of the patients we spoke with reported any safety concerns to us.

Practice staff used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, a test result generated by a hospital had not been picked up by a GP. The mechanism for all future checks were strengthened and the actions taken were discussed at a practice meeting to prevent similar occurrences.

The management team, clinical and non-clinical staff discussed significant events at a range of monthly staff meetings so that all relevant staff learnt from incidents and reduced the likelihood of recurrences. We reviewed safety records, incident reports and minutes of these meetings where incidents had been discussed for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents and ensuring that staff learnt from these incidents. Records were kept of significant events that had occurred during the last 12 months and these were made available to us.

Clinical staff spoken with confirmed that significant events, incidents and complaints were discussed at their regular weekly clinical staff meeting and they were able to give some examples. A member of administration staff told us that they were also discussed at full practice meetings if relevant.

National patient safety alerts were disseminated by the practice manager to relevant staff to read and sign off.

Safety alerts were discussed at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken. All staff spoken with knew where patient safety alerts were kept.

Reliable safety systems and processes including safeguarding

The practice had a GP appointed as the lead in safeguarding vulnerable adults and children who had been trained to an appropriate level in safeguarding to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern. We saw that there was a policy regarding the protection of vulnerable children and vulnerable adults.

Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff confirmed the level of training they had completed.

Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. They were aware that they should contact the relevant agencies in and out of hours if they had a safeguarding concern. Contact details were easily accessible to staff and one member of staff we spoke with told us where they could access them.

Community staff including health visitors were invited to attend the monthly clinical meetings so that patients who were considered to be at risk could be discussed. There was close working relationships with health visitors. This helped to identify children at risk and actions taken to keep them safe. An alert was included on the file of those patients who were at risk so that they could be easily identified.

There was a chaperone policy available to staff and a poster was on display in clinical rooms. When chaperoning took place this was recorded in the patient's records. Only clinical staff carried out chaperone duties. Staff had received training before they were permitted to chaperone patients. We asked a practice nurse how they would carry out this duty. They demonstrated appropriate knowledge and understanding of their role to maintain patient's safety.

Medicines Management

Good

Are services safe?

Patients were able to order repeat prescriptions on line, by fax, by email, in person or via their local pharmacy. Patients we spoke with said they were happy with the system. There was a protocol for repeat prescribing which was in line with national guidance and was followed by practice staff. Patients who had repeat prescriptions received regular reviews to check they were still appropriate and necessary. We observed a patient talking with a receptionist who had a query about their prescription. The receptionist discussed this with a GP appropriately before giving the patient an answer.

We found that vaccines were stored within the recommended safe temperature range in a lockable fridge. Temperature checks were taken and recorded each day. Medicines were kept within locked cupboards.

A Clinical Commissioning Group (CCG) pharmacist was allocated to the practice. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services. The pharmacist worked at the practice one day per week to review prescribed medicines and they offered advice to GPs about appropriate treatments. GPs spoken with told us this service made a positive contribution to ensuring patients received prescriptions appropriate to their health needs.

Systems were in place to inform GPs of any changes that were made to a patient's medication via a secondary care service. A member of staff spoken with said that this information was entered into patient's records on the day that it was received.

We were told that GP's did not routinely carry medicines in their bags when they visited patients in their home. A GP explained that they listened to the symptoms that patients described when they rang to request a home visit and collected medicines from the practice that they may need. Otherwise GPs relied on the services of paramedics for provision of urgent treatment.

Cleanliness & Infection Control

We were told that an external cleaning company completed daily cleaning at the practice. We saw that cleaning records were kept. Details of the required frequency for cleaning areas of the practice and the responsibilities of cleaning staff was also recorded in cleaning schedules. We observed the premises to be visibly clean, tidy and well organised. Patients we spoke with confirmed that the practice was clean and they had no concerns about standards of hygiene or infection control.

We discussed infection control and prevention with the health care assistant (HCA) who had recently been allocated the lead for infection control. They told us they had completed on line training to the same standard as other practice staff but had not yet received more in depth training. We discussed this with senior staff who assured us that extra training would be provided.

The Heart of England NHS Trust Foundation hospital had carried out an infection control audit of the practice on 5 December 2014. We were shown the report that stated a 98% pass rate and commented that the practice was well maintained. There were three actions that needed to be carried out as a result of the audit such as a foot operated waste bin in the patients' toilet. We saw that all three actions had been addressed. The HCA had also completed an audit in March 2015 and they had identified further actions that needed to be taken. For example, the walls of some rooms needed cleaning and debris form the nozzle of soap dispensers needed removing. The HCA told us that practice staff were working on the actions and that some had been addressed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures.

There was hand washing technique signage above each wash hand basin throughout the practice. Some of the patients we spoke with told us that staff had washed their hands before and after an examination.

Spill kits were available in clinical areas. Staff were aware where spill kits were stored and when they should be used. This helped to ensure that any potentially infectious substances were attended to by staff in a timely and effective manner.

Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. A patient told us that they saw staff using PPE when they were seen by a GP or nurse.

Good

Are services safe?

Annual legionella risk assessments had been completed to ensure that any risks to patients had been acted on. Legionella is a term used for a particular bacteria which can contaminate water systems in buildings. All hot and cold tap water temperatures were checked and recorded monthly. A schedule was in place for regularly running water from all taps. We were shown documentary evidence of these processes by the facilities manager.

Equipment

The clinical staff we spoke with told us they had sufficient equipment to enable them to carry out their duties including, assessments and treatments. The practice manager told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and we saw documentary evidence of this. We saw evidence of calibration of relevant equipment; for example a blood pressure monitor.

Staffing & Recruitment

There was an up to date recruitment policy that covered all aspects of staff recruitment. We looked at a sample of personnel files for a range of staff. Some staff had been employed at the practice for several years. We saw that a complete work history was obtained, evidence of identity, references and a Disclosure and Barring Service (DBS) criminal record checks had been carried out for all staff including non-clinical staff.

The professional registration status of all clinical staff had been checked with the General Medical Council (GMC) for GPs and the Nursing and Midwifery Council (NMC) for nurses to ensure they were fit to practice.

Procedures were in place to manage staff absences. Non-clinical staff covered for each other by working extra shifts. Locum GPs were also used to maintain safe staffing levels in meeting patient's needs. The practice manager told us that where possible they restricted locums to the same two to provide patient continuity. Appropriate checks had been carried out before locum GPs worked at the practice.

Monitoring Safety & Responding to Risk

The practice had arrangements in place to manage medical emergencies. We saw that the staff at the practice had received regular training in basic life support. The practice had a defibrillator and oxygen supply on standby for dealing with medical emergencies. These were checked regularly to ensure they were fit for purpose.

There was a health and safety policy in place and staff knew where to access it.

Arrangements to deal with emergencies and major incidents

Emergency medicines and equipment were kept in clinical rooms and staff knew where they were stored. We saw information that confirmed they were regularly checked and that the medicines remained in date and fit for administration.

There was a fire safety risk assessment in place. Staff had received regular fire safety training and participated in regular fire drills to maintain their knowledge of how to respond in an emergency.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks were identified and actions recorded to reduce and manage the risk. Risks identified included power failure, computer failure, and access to the building. Areas of responsibility for staff were identified along with risks and actions recorded to reduce the risk. The document also contained relevant contact details for staff to refer to. The practice manager told us they did not keep a copy off site for occasions when they did not have access to the premises or computer system. They assured us that copies would be distributed to GPs and senior staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with were familiar with current best practice guidelines from the National Institute for Health and Care Excellence and from local commissioners. Practice nurses lead in asthma, chronic obstructive pulmonary disease (COPD) and childhood immunisations.

Patients with long term conditions were reviewed by the GPs and the practice nurses to assess and monitor their health condition so that any changes could be made. Practice nurses lead in specialties such as asthma, cervical screening, diabetes, and childhood immunisations. A phlebotomist visited the practice weekly and obtained blood samples for testing for patients at the practice. All patients who were considered to be at risk of developing diabetes were reviewed annually.

The practice referred patients appropriately to secondary and other community care services such as district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enabled patients to choose which hospital they would prefer to be seen at and when.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Clinical staff actively participated in recognised clinical quality and effectiveness schemes such as the national Quality Outcomes Framework (QOF) and the local Clinical Commissioning Group (CCG) enhanced service schemes. QOF is a national performance measurement tool. The CCG is a group of GPs who are responsible for commissioning local NHS services. We were shown the latest QOF achievements. Staff explained the due to a recent change of the computer system health checks did not always appear in the latest QOF results. For example, the results for patients with a learning disability were low but all 31 patients had received their annual health check.

There was a system in place for completing clinical audit cycles to provide assurances regarding quality of care and to improve outcomes for patients. We saw that timescales were identified for repeating audits to monitor if improvements made had been sustained. Staff told us the outcomes of audits were cascaded to relevant members of staff. Prescribed treatments for patients who had asthma had been reviewed in 2013, three times during 2014 and once during January 2015. These audits showed that prescribing for these patients had improved to ensure they received the correct medicines and dosage. GPs carried out benchmarking by comparing their prescribing practices against national data and local data. They also audited and followed recommendations laid down by the local CCG for prescribing. For example prescribed medicines for treating chronic obstructive pulmonary disease (COPD).

We were shown an audit that had been carried out that checked for any signs of infections from the 27 minor surgery procedures carried out during March 2015. No cases of infections or complications as a result of the procedures had occurred.

Clinical staff told us they undertook lead roles to promote best practice within the team and to oversee the quality of care in order to drive improvements. For example, one GP was the lead for safeguarding and minor surgery. Another GP led on contraception services.

There were arrangements in place to ensure women received cervical screening by staff that were appropriately trained. Samples were sent to a local NHS hospital to be analysed and reported on in line with national guidance and recall systems.

Patients were invited to contact the practice to receive their test results. However, if a test result was abnormal, patients would be contacted and asked to make an appointment to discuss the results with a GP.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending training courses such as annual basic life support**.** All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller

assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

All staff undertook annual appraisals which identified learning needs from which action plans were documented. GPs that we spoke with said that they undertook the appraisal of all staff at the practice. The practice manager confirmed this and we were shown dates when appraisals had been completed. The template used for appraisal included a section about a personal development plan. We spoke with a receptionist who told us part of their last development plan was to be trained and for them to commence doing patient summarising. This is a system for staff to enter medical details received from other services into patient's records. The receptionist told us they had received the training and had commenced regular summarising duties.

Discussions with staff on the day and evidence we reviewed suggested that staff had received training appropriate to their roles. Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines, cervical screening and diabetes.

Minor surgery was carried out by a GP who carried out joint injections. We were shown copies of recent training certificates that confirmed they had attended appropriate training.

Working with colleagues and other services

Discussions with staff and records showed that the practice worked in partnership with other health and social care providers such as social services, end of life care teams and district nursing services to meet patients' needs.

All practice staff worked closely together to ensure provision of an effective service for patients. They worked in collaboration with community services. The minutes of the monthly meetings evidenced that district nurses and other community staff attended the meetings which were held at the practice. Complex cases and patients who had extra needs were discussed. Staff used a traffic light system (red, amber, green) to identify those who were the most vulnerable. The minutes gave evidence of good information sharing and arrangements for integrated care for those patients. All patients who received chemotherapy and radiotherapy were offered home visits to check their well-being and care needs.

There were systems in place to ensure that the results of tests and investigations from out of hours and hospitals were reviewed and actioned.

The practice did not provide out-of-hours (OOH) services. This was provided by Birmingham and District General Practitioner Emergency Rooms (Badger) and was located at the local hospital. This ensured that patients had access to on-going care and treatment.

The practice received summaries for patients who had accessed the OOH service. These patients were reviewed and followed up where necessary by the GPs at the practice. Correspondence received from other services was dealt with by GPs who were working on the day.

Patients were invited to contact the practice to receive their test results. However, if a test result was abnormal, patients would be contacted and informed by the GP either face to face or by telephone consultation. Where necessary referrals would be made to hospitals and other services such as physiotherapy.

Information Sharing

The practice used several electronic systems to communicate with other providers. Electronic systems were in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

There was a system in place to ensure the out of hours service had access to up to date treatment plans of patients who were receiving specialist support or palliative care.

Patients were discussed between clinical staff and also with other health and social care professionals who were invited to practice meetings. The minutes were also distributed to all practice staff to enable them to prioritise tasks relating to these patients accordingly.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was

Good

Are services effective?

(for example, treatment is effective)

used by all staff to co-ordinate, document and manage patient care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The system included a facility to flag up patients who required closer monitoring such as children at risk.

Consent to care and treatment

The patients we spoke with told us they had been involved with decisions about their care and treatments. They told us they had been provided with sufficient information to make choices and were able to ask questions when they were unsure.

Patients who had minor surgery had the procedure explained to them and the possible complications before they were asked to sign a consent form.

Clinicians were aware of the requirements within the Mental Capacity Act 2005. This was used for adults who lacked ability to make informed decisions. Staff gave examples of how a patient's best interests were taken into account when a patient did not have capacity to make decisions about their treatment.

GPs knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. They understood the key parts of legislation of the Children's and Families Act 2014 and were able to describe how they implemented it in their practice. GPs demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has maturity to make their own decisions and to understand the implications of those decisions). We spoke with a patient who confirmed this.

Health Promotion & Prevention

We saw that all new patients were offered a health check. New patients who had received prescribed medicines from previous clinicians were given an appointment with a GP to review the medicine dosage and check if it was still appropriate.

Patients who were due for health reviews were sent a reminder to make an appointment. Patients were asked about their social factors, such as occupation and lifestyles. These ensured doctors were aware of the wider context of their health needs.

Annual health checks were offered to all patients who were aged 65 years or more. NHS health checks were encouraged and offered to patients aged over 47 years.

A range of tests were offered by practice staff including spirometry (breathing test) and blood pressure monitoring. The practice had a blood pressure monitor in the waiting area for patients to drop into the practice to check their blood pressure. We observed a receptionist giving a patient a form for them to record their blood pressure checks so that it could be reported to clinical staff. Patients were advised of the importance and were encouraged to have regular cervical screening to monitor their health status. Patients who had diabetes were provided with a structured education programme. The national performance target was 90% and the practice had achieved 91% for this.

Patients were encouraged to take an interest in their health and to take action to improve and maintain it. Recent patient feedback commented on the lack of leaflets within the practice. Senior practice staff had made the decision of limiting the amount of paper in waiting areas for potential cross infection purposes. Patients were referred to the practice website for information about conditions. A monthly newsletter also provided guidance about long term conditions. Staff had ordered a large television screen which once installed would also provide health promotion information.

Practice staff and the PPG had recently organised an education event regarding weight management. Presentations were given to patients by the Weight Management Service and the Solihull Active team. The event resulted in referrals being made to the Weight Management Service. The practice manager and the chairperson of the PPG told us they were preparing the next event which would be about prostate cancer.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed that reception staff greeted patients in a polite and courteous manner. When appointments were made by telephone we overheard receptionists offering patients choices. Reception staff respected when patients told them they were unable to attend on some days.

A receptionist told us they could ask a patient to speak with them privately in an unoccupied room to protect their confidentiality. Patients told us they had no concerns about staff ensuring their confidentiality.

We observed patients being treated with dignity and respect throughout the time we spent at the practice. We saw that clinical staff displayed a positive and friendly attitude towards patients. Patients we spoke with told us they had developed positive relationships with clinical staff who were familiar with their health needs.

We looked at results of the national GP patient survey dated 2014-2015 where 275 surveys had been sent out. Patients had returned 115 completed surveys, this equated to 42% returned. The results were:

- 66% waited 15 minutes or less from their appointment time before they were seen, the local CCG average was 61%,
- 75% of respondents stated that the last time they saw or spoke with a nurse they were good at listening to them, the local CCG average was 91%
- 93% reported they had confidence in the GP, this was in line with the local CCG average,
- 93% of respondents stated they had confidence in the nurse; this was in line with the local CCG average.

Some patients we spoke with confirmed they knew their rights about requesting a chaperone. They told us this service was offered to them by clinical staff. Some had used the chaperone service and reported to us they felt quite comfortable during the procedure. Intimate female examinations and cervical screening were carried out by female clinical staff to promote patient comfort during these procedures.

We saw that all clinical rooms had window blinds and privacy screening. Clinical staff told us the consulting room door was kept closed when patients were being seen. We observed staff knocking on doors and waiting to be called into the room before entering.

Care planning and involvement in decisions about care and treatment

Patients were encouraged to take responsibility for their health conditions and to be involved in decisions about medicines and other forms of treatments. They were empowered through discussions to acknowledge risks and make decisions about their treatments. All patients with complex needs or palliative (end of life) care needs had care plans in place and these were regularly reviewed and reflected patient's wishes. Patients we spoke with told us that clinical staff were good at involving them in making decisions.

Clinical staff supported patients to understand their care and treatment options including the risks and benefits to enable them to make informed decisions. Patients were given the time they needed and were encouraged to ask questions about their health status and the range of treatments available to them. Patients we spoke with told us they were able to make informed decisions about their care and felt in control.

The practice nurse we spoke with told us they explained treatments and tests to patients before carrying out any procedure. They told us that patients were kept informed of what was going to happen at each step so that they knew what to expect. One of the patients we spoke with had regular appointments with a nurse or GP and they confirmed they were fully informed and what the next steps would be.

Some of the patients we spoke with told us they had been sent reminders about the need for them to attend the practice for health checks and reviews of their long term conditions. If they failed to attend further reminders were sent to patients.

Patient/carer support to cope emotionally with care and treatment

There was a dedicated receptionist who contacted bereaved families and sent them a letter informing of the services available such as counselling. The receptionist told us that after two weeks they rang the families again to

Good

Are services caring?

enquire if there was anything more they could do. Relatives were told they could make an appointment to see a GP if they had difficulty in coping. GPs were able to refer relatives to counselling services.

The practice held a register of carers who looked after patients. This enabled staff to offer carers additional support and referral to carers groups and support organisations. The practice website provided information about support groups and the contact details for carers to access. The practice had a Network Bulletin that was handed to carers. This was a network group that provided success stories, social activities and details of other support groups such as, Wolverhampton Carers. It also advertised various events that carers could attend.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At the start of our inspection a GP gave a presentation about the practice. This included information about the needs of the practice population which were clearly identified and understood. We were also told about the history of the practice and recent changes which had been made with the aim of improving services for patients.

The practice delivered services to meet the needs of the patient population. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as asthma and diabetes. There were nurse led services such as the vaccinations, cervical screening as well as disease management services.

The practice held a register of patients who had a mental health problem or a learning disability. This enabled staff to identify those patients who required annual health checks and we saw that these had been carried out. There was a palliative care register and monthly multidisciplinary meetings were held to discuss patients and their families care and support needs.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them to discuss local needs and service improvements that needed to be prioritised. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services. We saw minutes of meetings where improvements and initiatives had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. For example, clinical staff maintained regular liaison with a pharmacist to ensure patients received appropriately prescribed medicines.

There had been very little turnover of staff which enabled good continuity of care and accessibility to appointments. Longer appointments were available for people who needed them and those with long term or complex conditions. Home visits were made to patients if requested and they were not able to access the practice.

There was an active patient participation group (PPG). The practice manager told us that they were continually advertising for new members. The website and a PPG noticeboard gave information about future meetings and about joining the PPG. The PPG is a useful tool to help the practice engage with a cross section of the practice population and obtain patient views. PPGs are a group of patients who meet on a regular basis and are involved in decisions that may lead to changes to the services the practice provides. During our inspection we met with two members of the PPG including the chair person and deputy chair (previous chair) person. They gave us examples of improvements that had been made following discussion between practice staff and the PPG such as the introduction of the monthly newsletters.

Tackling inequity and promoting equality

Practice staff had recognised the needs of different groups in the planning of its services. For example arrangements were in place for temporary residents to register at the practice to ensure they had access to a GP when necessary.

The practice had access to a translation service when a patient's first language was not English. Staff told us they had not needed to use a translation service so far. The senior GP had attended training in sign language to enable effective communications between them and patients who could not hear.

The practice was fully accessible for patients with poor mobility. There were toilet facilities for patients who had restricted mobility. Consulting rooms were located on the ground and first floors with a shaft lift for ease of access between floors. Wide access corridors and doorways accommodated wheelchairs.

Various systems were in place to aid working patients to access the service. This included extended opening hours four mornings a week. At the conclusion of morning sessions GPs spoke with patients by telephone to provide them with advice. Home visits were available for patients who were unable to attend the practice.

Access to the service

We received positive feedback from most patients on the availability of appointments. They were available from 7.30am on four days each week. We spoke with a receptionist who told us that children under the age of 12 years and vulnerable patients were always offered on the day appointments.

Patients were able to book appointments and order repeat prescriptions electronically, in person or by telephone for

Good

Are services responsive to people's needs?

(for example, to feedback?)

appointments only. The practice had a high did not attend (DNA) rate. We were shown copies of the letters that were sent to patients who failed to attend their appointment to raise their awareness. The monthly newsletters also stressed the importance of informing the practice if they were not able to attend. DNAs result in less appointments being available for other patients.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. The out of hours service was provided by an external service contracted by the CCG and were held in the local hospital. This was a walk-in service, which also provided home visits if necessary. This service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) and was available through dialling 111. The telephone message given to patients when the practice was closed also advised patients to dial 999 if it was an emergency.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

None of the patients spoken with had ever needed to make a complaint about the practice. Some of them knew how to make a complaint, others told us they would need to enquire.

We looked at the six complaints the practice had received during the last 12 months. We reviewed one of these complaints in detail and found that a robust complaint system had been adopted; details of investigations held were available along with a summary of lessons learnt and actions to take. We saw minutes of practice meetings where complaints were discussed to increase staff awareness and prevent similar complaints being made. For example, a patient was given a prescription for one month's supply of a medicine but was normally given three months' supply. An apology was sent to the patient and a prescription for three months was supplied to the patient. GPs were reminded to change the repeat prescription period in the patient's records following medicine reviews.

Are services well-led?

Good

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

Our findings

Vision and Strategy

At the start of our inspection the practice manager gave a presentation about the practice, this included information detailing how they met patient needs and the practice's vision. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

We spoke with two members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. Staff that we spoke with were caring and showed empathy towards patients. We looked at recordings from meetings held by practice staff that demonstrated the vision and values were still current.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via any computer within the practice. We looked at 11 of these policies and procedures and most staff had completed a cover sheet to confirm they had read the policy and when. All 11 policies and procedures we looked at had been reviewed annually and were up to date.

The practice held monthly practice meetings. We looked at minutes from the last two meetings and found that performance, quality and risks had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. Staff had identified where improvements in the latest QOF statistics needed addressing as a result of the changeover to a new computer system.

The practice had completed a number of clinical audits and taken relevant actions to improve patients care. For example, liquid medicines, vitamin D and stoma care products. We saw that full cycle audits had been carried out.

Leadership, openness and transparency

We saw that there was a clear leadership structure which had named members of staff in lead roles. For example, there was a lead infection control and a GP was the lead on safeguarding. Staff were aware that there were lead roles and knew who to speak with if they needed any guidance or had concerns. Staff we spoke with were clear about their own roles and responsibilities and said that the practice manager and GPs were approachable and offered prompt assistance and support if required.

Staff told us that they felt supported and also supported each other as necessary. We were told that staff worked well as a team and also that they felt appreciated for the work that they did.

We saw from minutes that practice meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We spoke with a receptionist who told us they had suggested a change and that it had been implemented. They had suggested that GPs did their telephone consultation at the end of each morning surgery to prevent delays for patients who had booked appointments with GPs.

Practice seeks and acts on feedback from users, public and staff

The practice had an active Patient Participation Group (PPG). PPGs act as a representative for patients and work with practice staff in a way to improve services and to promote quality care.

We asked the practice manager and the chair of the PPG when the last patient survey had been carried out. There had not been a survey within the last 12 months. The practice manager told us they were unsure of when the previous practice manager had carried out the last survey. The practice manager informed us within one week of our inspection that there were plans in place to communicate with patients and ask for their opinions about the standards of the services they received. The practice manager had met with the chair of the PPG and had developed a range of questions for the patient survey. They were in the process of pulling these together into a questionnaire by the time the practice manager contacted us.

The practice was participating in the 'Friends and Family' survey where patients were asked to record if they would recommend the practice to others. The survey had commenced December 2014.

Are services well-led?

Good

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

We were told that the practice manager and GP had an 'open door' policy meaning that staff could speak with them at any time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said that they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning & improvement

The practice had responded to feedback on service delivery from the PPG as well as complaints received. We saw that changes had been made to improve the service as a result of feedback, for example a change was made to the practice's telephone number at the request of patients. For example, patients had requested improved access to appointments. In response the appointment system was adapted and the newly installed computer system had allowed appointments to be tailored to meet patient's specific requirements.

Staff told us that the practice supported them to maintain their clinical professional development through training. Staff told us that the practice was very supportive of training and we were told about future training for staff.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients. For example, there had been a recent whistleblowing incident. This was investigated by the Clinical Commissioning Group (CCG) to ensure impartiality. The allegation was not substantiated but as a result practice staff made changes to the complaints procedure and how patient re-calls were handled.