

Brace Street Health Centre

Quality Report

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Date of inspection visit: 14 June 2017
Date of publication: 24/07/2017

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Brace Street Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brace Street Health Centre - Dr R Kumar & Dr J P Singh's Surgery on 14 June 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. These included safeguarding, infection prevention and control and medicines management.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Complaints were responded to in a timely way.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

We saw one area of outstanding practice:

- Despite high levels of deprivation and an ethnically diverse population in which there is cultural reticence to participate in cervical screening the practice had achieved a high uptake for cervical screening (knowledge and engaged with the local community at a personal level to promote uptake).

Summary of findings

This has been achieved through persistent calling of eligible patients, where possible in their own language to discuss the importance of cervical screening and secure appointments.

The areas where the provider should make improvement are:

- Review business continuity plan to ensure it contains contact details for all staff so that they may easily be contacted in an emergency.
- Continue to review and take action to improve the uptake of national screening programmes for breast and bowel cancer.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and an apology.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Including those with end of life care needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the most recent national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice was aware of health inequalities in the local area and was proactive in trying to improve patient outcomes.
- Feedback from patients we spoke with and through the CQC comment cards told us that patients found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Survey information we reviewed was positive in relation to patient access to services and above others locally and nationally.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence seen showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice performed well against QOF and in relation to patient satisfaction.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group and we saw examples where the practice and the PPG worked together to deliver improvements.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent same day appointments for those with enhanced needs.
- The practice participated in multidisciplinary team meetings with community staff to discuss those with complex care and palliative care needs.
- The practice followed up patients recently discharged from hospital including those who had unplanned admissions.
- Patients over 75 years were invited for an annual health review, 52 had been completed in the last 12 months.
- The premises was accessible to those with mobility difficulties and a hearing loop was available if needed.
- The practice offered flu, pneumonia and shingles vaccinations for eligible patients. These were given as home visits for patients whose health needs resulted in difficulty attending the practice.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported outcome data for patients with diabetes was above the CCG and national average overall (100% compared with the CCG average of 93% and national average of 90%). The practice also had lower exception reporting for diabetes indicators at 5% compared to the CCG average of 9% and national average of 12%).
- The practice followed up on patients with long-term conditions discharged from hospital to ensure their needs were being met.

Summary of findings

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided in-house spirometry (for the diagnosis and monitoring of respiratory conditions), electrocardiographs (ECGs) and phlebotomy (blood taking) for the convenience of patients.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who attended accident and emergency (A&E) attendances or did not attend for their appointments and those attended hospital.
- Immunisation rates were relatively high for all standard childhood immunisations.
- We saw children and young people were treated in an age-appropriate way and were recognised as individuals. The practice made patients under 16 years aware that they were entitled to confidential advice.
- Appointments were available outside of school hours. Staff told us that they tried to bring in children for their long term condition reviews (such as Asthma reviews) during school holidays.
- The premises were suitable for children and babies. There were facilities within the health centre for baby changing and breast feeding.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. The health centre was shared with the health visiting team and antenatal clinics with the midwife operated weekly from the practice.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



Summary of findings

- The needs of these populations 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, the practice was open until 7pm on a Monday and Thursday for extended opening.
- The practice offered telephone consultations as appropriate.
- The practice was proactive in offering online services for making appointments and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Uptake of cervical screening was above CCG and national averages despite the high levels of deprivation and cultural reticence within the practice population. The practice had achieved high uptake rates through persistent calling to promote the service and where possible in the patients first language.
- The practice had held an event with guest speakers to promote national screening programmes for breast and bowel cancer. However, uptake remained lower than CCG and national averages.
- The practice offered travel advice and vaccinations.
- Health checks were offered to patients aged 40 to 74 years, 81 had been undertaken in the last 12 months.
- The meningitis vaccination was available for students between 18-25 years.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held register of patients living in vulnerable circumstances including those with a learning disability, with palliative care needs and carers.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



Summary of findings

- We received CQC comment cards which described caring and compassionate care to vulnerable patients.
- The practice supported patients to access the service. This included the provision of interpreter services and hearing loop. For patients with no fixed abode the practice policy was to use the practice address.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out dementia screening to support the earlier diagnosis and treatment.
- Nationally available data for 2015/16 showed 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average of 84%. Exception reporting was comparable to the CCG and national averages at 9% compared to the CCG and national average of 7%.
- National reported data for 2015/16 showed 94% of patients with poor mental health had a comprehensive, agreed care plan documented, in the preceding 12 months which was comparable to the CCG average 92% and national average 89%. There was no exception reporting.
- Patients were able to access support from the mental health nurse and counselling services located in the health centre on a weekly basis.
- Depot injections for medicines used in the management of poor mental health were carried out at the practice for patient convenience.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 356 survey forms were distributed and 91(26%) were returned. This represented approximately 3.2% of the practice's patient list.

- 96% of patients described the overall experience of this GP practice as good compared with the CCG and the national average of 87%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 77% and the national average of 80%.

Results from the friends and family test March 17 to May 17 showed 39 out of 41 (95%) respondents said they would be likely or extremely likely to recommend the service to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all very positive about the standard of care received. Patients told us that they received timely care, that staff were kind, caring and went out of their way to help. They felt they were treated with dignity and respect by all staff and that they felt listened to.

We spoke with three members of the practice's patient participation group during the inspection. All were very complimentary about the practice and the care they received. said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Brace Street Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Brace Street Health Centre

Dr R Kumar & Dr J P Singh's Surgery is one of three GP practices located in Brace Street Health Centre. Brace Street Health Centre is purpose built for providing primary medical services, it also hosts various community services.

The practice is part of the NHS Walsall Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services to patients are provided under a General Medical Services (GMS) contract 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 and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

The practice registered list size is approximately 2,900 patients. Based on data available from Public Health England, the practice is located within the 20% most deprived areas nationally. The practice population is younger than the national average for example, 26% of the practice population is under 18 years compared to the CCG average of 23% and the national average of 21%. While

12% of the practice population is over 65 years compared to the CCG and national average of 17%. The practice population is also ethnically diverse covering a range of nationalities from Asia, Eastern Europe, Africa and the UK.

The practice registered with CQC in February 2016 as a partnership when the former salaried GP joined as a part-time partner. Practice staff consist of two GPs (both male), one practice nurse (female), a practice manager and a team of administrative / reception staff.

The practice is open:

Monday 9am to 1pm and 4pm to 7pm (extended opening)

Tuesday 9am to 1pm and 4pm to 6.30pm

Wednesday 9am to 1pm

Thursday 9am to 7pm (extended opening)

Friday 9am to 1pm and 4pm to 6.30pm

When the practice is closed during core hours calls are handled by WALDOC. In the out of hours period between 6.30pm and 8am on weekdays and all weekends and bank holidays the service is provided by another out of hours provider which is reached through the NHS 111 telephone service.

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. The 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the local CCG to share what they knew. We carried out an announced visit on 14 June 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, the practice nurse, the practice manager and administrative staff).
- We spoke with patients who were also members of the practice's patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed documentation made available to us relating to the running of the practice.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events and for managing safety alerts received.

- There was an incident recording form available to staff. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had five reported incidents, from these we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information and an apology. For example. In one example a blood sample had been incorrectly ladled and reported. Both patients involved in the error were contacted and informed of what had happened.
- We saw from incident reports that the practice carried out a thorough analysis of the significant events and lessons learned were shared at practice meetings to help improve safety in the practice.
- Safety alerts received such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) were routinely discussed at clinical meetings. We saw several examples of alerts received and action taken in response. For example, patients on specific medicines in which potential risks had been identified were contacted and risks explained. These included canagliflozin (medicine used in diabetes) and Valporate (medicine used in epilepsy).

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The practice had safeguarding policies in place and there were lead members of staff for both child and adult safeguarding who could provide support and guidance. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding children and vulnerable adults (including female genital mutilation) and had received training relevant to their role. GPs and nurses were trained to child safeguarding level three. Staff were able to tell us about recent examples where they had taken action in response to safeguarding concerns and liaised with appropriate agencies. An alert on the patient record system ensured staff were aware if patients they were seeing were at risk.
- Notices were displayed throughout the practice advising patients that they could request a chaperone during their consultation if required. All 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place for the premises and for items of clinical equipment. Staff had access to personal protective equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There were IPC policies and procedures in place. We saw from training records that staff had received infection control training. We saw that there had been a local Clinical Commissioning Group (CCG) infection control audit carried out in November 2016. There was an action plan in place to address improvements identified as a result of the audit. A hand hygiene audit had also been undertaken in December 2016. The practice maintained records of immunisation status of clinical staff.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We looked at a sample of patient records and found

Are services safe?

patients on high risk medicines were appropriately monitored. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Any uncollected prescriptions were monitored by the CCG pharmacist on a monthly basis who would investigate why they had not been collected. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The premises were managed by NHS property services and appeared well maintained. Any maintenance issues were raised directly with them.
- There was an up to date fire risk assessment for the premises and fire equipment had been checked. We saw evidence of regular alarm testing and fire drills. Staff received fire safety training.
- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Checks had been carried out within the last 12 months.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments had also been completed in relation to accessibility of the premises.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff worked flexibly to provide cover during periods of absence.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. A risk assessment had been carried out as there was a shared defibrillator available in one of the practices located within the health centre. However, the practice had decided to purchase their own as the opening times of this practice did not match their own. Oxygen with adult and children's masks were also available. The emergency equipment was routinely checked to ensure it was ready for use when needed and the practice maintained records of those checks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Records were kept by the practice to check the medicines were in date and ready for use.
- A first aid kit was also available.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for services that might be needed in an emergency but did not include staff contacts. The practice manager told us that they would add these. Copies of the business continuity plan were held on and off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidance was discussed in clinical meetings and we saw evidence of this.
- The practice monitored that these guidelines were followed through audits and checks of patient records. For example, the practice had undertaken an audit of citalopram prescribing (medicine used in depression) in response to Medicine & Health Regulatory Authority guidelines on associated risks. Another audit was undertaken following NICE guidelines to offer an annual HbA1c test to patients who had had gestational diabetes but whose blood glucose had returned to normal following birth an annual HbA1c test. The audit showed an increase from 57% to 88% in the number of patients that were followed up in the last 12 months in line with NICE guidance.
- Guidance from the resuscitation council was displayed in treatment room.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2015/16. The 2015/16 data showed the practice had achieved 100% of the total number of points available, which was above the CCG average of 97% and national average of 95%. Overall exception reporting by the practice was 4% compared to the CCG average of 8% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example, the percentage of patients, on the register, whose last HbA1c (measure of diabetic control) was 64 mmol/mol or less was 83% cared with the CCG average of 79% and the national average of 78%. Exception reporting for this indicator was 8% compared to the CCG average of 10% and national average of 13%. The practice also had a high prevalence at 14% of the practice population (5% higher than the CCG average and 8% higher than the national average).
- Performance for mental health related indicators overall was comparable to the CCG and national averages. For example, the percentage of patients with severe poor mental health who have a comprehensive, agreed care plan documented in the preceding 12 months was 94% compared to the CCG average was 92% and national average 89%. The practice had no exception reporting for this indicator compared to the CCG average of 5% and national average of 13%.

There was evidence of quality improvement including clinical audit:

- The practice shared with us details of eight audits that they had undertaken over the last two years. Most of these were full cycle audits where improvements made were implemented and monitored. For example, one audit seen looked at diabetic screening for early signs of diabetic kidney disease. Between the first audit (April 2016) and the second audit (April 2017) the number of patients screened had increased from 61% to 71% with screening incorporated into the annual diabetes review.
- Other audits seen included the monitoring of renal function in patients on Novel Oral Anticoagulants (NOACs) (used to minimise the risk of stroke) undertaken in April 2016 and repeated in April 2017. This showed the practice was meeting all standards in line with advice from the European Heart and Rhythm Association. There were also audits relating to the management of patients on dual antiplatelet therapy, an audit of uncollected prescriptions and new patient registered form.

Are services effective?

(for example, treatment is effective)

- The practice in conjunction with the local CCG pharmacist had carried out a review of pharmacy ordering to identify and reduce any potential waste medicines.
- Prescribing data for (2015/16) showed the practice was comparable to other practices locally and nationally for the prescribing antibiotics and lower than other practices locally and nationally for the prescribing of broad spectrum antibiotics and hypnotics.

The practice had a low rate of inadequate smears which over the last three years ranged between 0% and 0.65%. An inadequate smear is where the laboratory is unable to see the cells properly in order to give a result and the test must be repeated

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety, fire safety and infection prevention and control. An induction pack was also available for locum GPs working at the practice on a temporary basis.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse had undertaken training in spirometry (test uses in the diagnosis and monitoring of respiratory conditions).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with other practice nurses and practice nurse forums attended through the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- 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 in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. We saw that patient information received such as hospital letters and test results were processed and acted upon in a timely way. Patients who had unplanned admissions to hospital were reviewed by the GP.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Multidisciplinary team meetings usually took place every six to eight weeks.

The practice had systems to follow up patients referred through the two week suspected cancer referrals to check they receive an appointment.

Special notes were shared with out of hours providers for patients who may need to contact the service for example, those at end of life.

Consent to care and treatment

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

- Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidelines for capacity to consent in children and young people. Reference to this was included in the practice's consent policy.
- We saw that consent forms were used for joint injections.
- The practice leaflet ensured those under 16 years were made aware that they were entitled to confidential advice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example: those requiring advice on their diet, smoking and alcohol cessation and mental health support.

The practice's uptake for the cervical screening programme (2015/16) was 88%, which was higher than the CCG and the national average of 81%. The practice was located in an area in which there was some cultural reticence to have

Are services effective?

(for example, treatment is effective)

cervical screening. However, they had worked on this and a member of staff who could speak some of the local languages would individually contact patients to discuss the importance and encourage uptake of cervical screening. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme. The practice nurse also told us that they would contact patients with abnormal smears if the patient did not turn up for their hospital appointments

The uptake of national screening programmes for bowel and breast cancer screening was lower than the CCG and national averages. For example,

- 60% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 73%.
- 41% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 52% and the national average of 58%.

We asked the practice about action they had taken to try and improve the uptake of the national cancer screening programmes. An event was held at the practice in May 2017 to promote breast and bowel cancer screening in which a

representative from the local palliative care centre came to speak, 21 patients attended. We saw information displayed in the waiting area in various languages promoting bowel screening. The practice had also actively promoted and called patients.

Data available for 2015/16 on childhood immunisation rates for vaccinations given to under two year olds were above the national standards of 90%. Childhood immunisation rates for the MMR vaccinations given at 5 years were comparable to the CCG and national averages. For example: uptake of dose 1 MMR was 98% compared to the CCG average of 99% and national average of 94%. Uptake of dose 2 MMR was 88% compared to the CCG average of 94% and national average of 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and for the over 75 year olds. The practice told us that they had undertaken 81 health checks in the last 12 months for patients aged 40 to 74 years and 52 health checks for patients over 75 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 practice did not have a female GP but patients were offered to see the nurse or the GP in conjunction with the nurse. There were plans for a female GP to undertake a few sessions in the near future.

All of the 42 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service from staff that were helpful, caring and that treated them with dignity and respect. Some patients recorded examples of how the practice provided compassionate care and how they felt staff had gone out of their way to help and support them.

We spoke with three members of the patient participation group (PPG). They were also very complimentary about the care provided by the practice and staff.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 92%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared with the CCG average and the national average of 87%.

The practice had also carried out its own in-house survey of 59 patients during August 2016. Results from this survey about the care received were also positive.

Care planning and involvement in decisions about care and treatment

Feedback received from patients through the CQC comment cards and from members of the participation group told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Children and young people were treated in an age-appropriate way and recognised as individuals. Patients aged under 16 years were made aware of their right to confidential advice.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Are services caring?

- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw evidence of bookings with translators. Some of the staff were multi-lingual and were able to effectively support patients whose first language was not English.
- Information leaflets were available in the waiting area in various languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access various support groups and organisations. For example dementia support and in relation to bereavement counselling services. A mental health nurse was available once a week at the health centre to see patients who needed support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers (1.9% of the practice list). There was a dedicated carers board, which signposted patients to local support available, including support for young carers. A Carers Information afternoon was held by the practice in November 2016 in which a local carers association came to speak about the services and benefits they were entitled to. The event was attended by 12 patients and some patients received continued support from the carers association following the event. Staff told us that patients that had identified themselves as carers to the practice were offered flexibility with appointments and health checks.

Staff told us that if families had experienced bereavement, their GP contacted them to offer support and a sympathy card was sent with information about bereavement support available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice population was among the most deprived nationally and ethnically diverse. The practice told us that health inequalities and reducing infant mortality were some of the priorities within the local area. We saw that the practice was proactive in improving patient outcomes.

- The practice offered extended hours on a Monday and Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- There were longer appointments available for those who needed them. A notice in reception alerted patients to this.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Staff told us that they tried to bring in children for their long term condition reviews (such as Asthma reviews) during school holidays to avoid the need to take time off school.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop and interpretation services. Some of the staff spoke a second language which was spoken in the local community.
- The premises were accessible to patients with mobility difficulties and included ramp access, disabled parking and shared disabled toilet facilities within the health centre.
- Baby changing facilities and breast feeding room was available in the community health area within the health centre.
- The practice made use of on-line services for the convenience of patients and had an uptake of approximately 11%. Practice staff told us that they were the first practice in Walsall to use the Electronic Prescribing Service.

- The practice provided in-house services such as spirometry and phlebotomy for the convenience of patients.

Access to the service

The practice was open:

Monday 9am to 1pm and 4pm to 7pm (extended opening)

Tuesday 9am to 1pm and 4pm to 6.30pm

Wednesday 9am to 1pm

Thursday 9am to 7pm (extended opening)

Friday 9am to 1pm and 4pm to 6.30pm

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

When the practice was closed during core hours, calls were handled by WALDOC. In the out of hours period between 6.30pm and 8am on weekdays and all weekends and bank holidays patients could access primary care services through the NHS 111 telephone service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in most cases above local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 76 and the national average of 73%.
- 79% of patients 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 75% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

The practice had produced an action plan following the national GP patient survey. In response to the question relating to waits had put up a poster reminding patients that they could request a double appointment if needed to discuss their health needs.

Feedback received from patients through our comment cards and from members of the patient participation group told us that they were able to get appointments when they needed them. We saw that the next available routine appointment with a GP was the same day as the inspection.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff were trained to advise patients to contact emergency services if they were experiencing certain symptoms such as chest pain.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice displayed in the waiting area advising patients of the complaints system and a complaints form available in reception. Information about the complaints process was also contained within the practice leaflet. Patients were advised of expected timescales for handling complaints and what they should do if unhappy with practice's response.

The practice had three reported complaints in the last 12 months. Two were formal complaints and one was a verbal complaint. We looked in detail at one of the complaints received in the last 12 months and found that it had been dealt with in a timely way.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff were aware of this.
- Staff told us that the practice list size had increased by approximately 400 patients in the previous year.
- It was evident from the inspection that practice staff had a desire to provide a high performing service that met patients' needs and delivered continued improvement.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as supporting patients with long term conditions.
- Practice specific policies were implemented and were available to all staff. These were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained. The practice was performing well in relation to QOF and patient satisfaction.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of incidents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology.
- The practice kept records of interactions with patients.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community based staff such as district and palliative care nurses. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular practice meetings. Minutes of meetings were documented and available for practice staff to view.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had approximately 23 members that met regularly, carried out patient surveys and submitted proposals for improvements to the practice. For example, members of

Are services well-led?

Good 

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

the PPG we spoke with told us how they had been involved in improving information displayed, various supportive events run at the practice and encouraging uptake of online services.

- The practice participated in the NHS Friends and Family test. Results from the friends and family test March 17 to May 17 showed 39 out of 41 (95%) respondents said they would be likely or extremely likely to recommend the service to others.

- The practice also used and discussed comments from NHS choices to identify areas for improvement.
- Staff told us they felt involved and engaged to improve how the practice was run and identify opportunities to improve the service delivered.

Continuous improvement

The practice demonstrated good outcomes for patients and high levels of service satisfaction in an area that had high levels of deprivation and cultural challenges.