

Willenhall Oak 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willenhall Oak Medical Centre on 6 December 2016.

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 an effective system for reporting and recording significant events. Learning was embedded in the outcomes of incident investigations.
- Risks to patients were assessed, well managed and acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- There was significant training provision in the practice and the clinical team included a GP trainer and two GP tutors. Feedback from medical trainees was consistently positive.
- Feedback from patients was very positive and the practice demonstrated a continual focus on improving access to appointments including alternative means of access and out of hours provision. Staff used internal surveys to understand patients' views of their experience and improve the service. The practice had recently established a patient participation group who were in the process of establishing their role and the improvements they could make.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. Staff were asked to contribute to the business development plan and had regular opportunities to give feedback to the senior team.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff demonstrated a consistent and proactive response to ensuring the safety and protection of patients with safeguarding needs or specific vulnerabilities that went above and beyond usual processes.

There was one area in which the provider should make an improvement:

- The practice should take action to ensure there is documented, trackable evidence of the implementation of new national guidance, including from the National Institute of Health and Care Excellence.

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



- There was an open culture in which all safety concerns raised by staff and patients were valued and seen as integral to learning and improvement. Where concerns were raised, these were always acted upon.
- The level and quality of incident reporting included the level of harm and extent of near misses, which ensured a quality service was maintained. There was ongoing, consistent progress towards safety goals by working with partner and community organisations to ensure safety was integrated into systems and processes used to care for patients.
- There was an effective system in place for reporting and recording significant events
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. When this involved patients who found it difficult to communicate, the practice ensured they had a translator or advocate present.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated a detailed knowledge of safeguarding processes and how to engage with other organisations to ensure the safety and protection of patients at risk. This included liaison with agencies out of area when patients moved from the area, as well as with legal teams and the police. Staff action in safeguarding situations had led to better outcomes for vulnerable people. For example, when a patient relocated outside of England without transfer or prescription information, the practice acted to find their new local health provider and liaise with them to ensure their long-term condition was managed. This meant the patient was protected from avoidable harm associated with stopping medication.
- Risks to patients were assessed and well-managed, including in the clinical setting and through learning from a simulated evacuation.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Exception reporting rates were indicative of the difficulty staff experienced in ensuring patients attended reviews and follow-ups. A number of processes had been implemented to address this, including peer review and auditing.
- Staff assessed needs and delivered care in line with current evidence based guidance. Although staff demonstrated knowledge of updates with national best practice guidelines, documentation of this could be improved if there was trackable, documented evidence that staff had read and acted on each update.
- A clinic audit programme was in place that was developed in line with the needs of the local population. Outcomes from audits were used to improve practice and patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff developed specialist skills in areas of interest and individual specialisms meant the practice was able to offer a range of targeted clinics, which were aligned with the needs of the local population.
- There was evidence of appraisals and personal development plans for all staff. Learning and education were key aspects of the practice strategy and there was a track record of providing structured experiences for medical trainees who spoke positively of their experience.
- Multidisciplinary working was embedded in the practice and staff worked closely with other professionals, including community teams and specialist consultants, to provide the best outcomes for patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (2015/2016) showed patients rated the practice higher than others for several aspects of care.
- The patient participation group and nursing team had conducted their own internal surveys to understand patient experience. Feedback was very positive with most patients rating their care as excellent or very good.
- 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 easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff took extra steps to make patients feel welcome, including birthday cards at key ages and congratulatory cards for new parents.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG), community and secondary care providers to secure improvements to services where these were identified.
- A wide range of specialist services were available, which staff had developed in response to the needs of the local population.
- Access to appointments had been improved with a new automated telephone booking system and online appointment maintenance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 and had contributed to its development.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels, particularly in relation to education for medical students and patient experience.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, where patients were considered to be at high risk of hospital admission, they were given priority access to home visits.
- The practice was responsive to the needs of older people and offered urgent and extended appointments and a range of vaccinations. Staff offered vaccinations at home for housebound patients and there was a robust system in place to encourage uptake.
- The practice used a frailty pathway to care for patients aged 60 and over. This was used to prevent unnecessary hospitalisation and ensure patients were discharged as soon as they were medically stable.
- Staff proactively engaged with secondary care and community providers to ensure patients received the most appropriate care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and offered same day access. GPs with special interests or specialist training offered a range of clinics based on the needs of the local population. For example, the practice had one GP with a special interest in diabetes who offered a range of services, including retinal screening.
- The practice was ranked sixth out of 31 local practices for the number of patients successfully completing four and 12 week smoking cessation plans.
- Longer appointments and home visits were available when needed. The practice held bi-monthly multidisciplinary meetings with the community matron and district nurses to review patients with long term conditions and complex needs.
- GPs conducted home follow-ups after patients were discharged from hospital.
- All patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- Services for patients living with cancer were available, including planning, multidisciplinary condition management and the practice contributed to a national audit in cancer awareness.
- Health promotion clinics were available for respiratory conditions and diabetes.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Staff had taken action to improve immunisation rates and were proactive in engaging with new parents to ensure they attended the practice for post-natal appointments.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- All children were offered same-day access to clinical staff.

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



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included appointments bookable 24-hours a day by automated telephone service.
- The practice was proactive in offering online services, including online prescribing, as well as a full range of health promotion and screening appropriate to this age group.
- Practice nurses offered flexible clinic times during the day to improve access for people around their work hours.
- The practice offered in-house phlebotomy services.
- Students were offered appropriate immunisations.
- Minor surgery was available including muscle injections, which was a common need in the local population. This was operated in a way that meant people did not need to take time off work for the procedure.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or mental health needs. All patients were invited to an annual health check and had an annual care plan review.
- The practice offered longer appointments for patients with a learning disability and reception staff telephoned each patient in advance of their appointment to remind them of the details.
- Patients with mental health needs whose condition made them particularly vulnerable were offered same-day appointments. This reduced the risk amongst patients who had a history of self-harm, suicide attempt and/or substance addiction.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including bi-monthly meetings with community matrons and district nurses.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and a policy was in place to enable them to escalate concerns to appropriate teams. Staff had completed training on how to recognise and respond to female genital mutilation. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the Clinical Commissioning Group (CCG) average of 82% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and substance addiction.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations according to their individual needs.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered opportunistic screening for dementia and recognised the needs of people caring for those with dementia by referring them to specialist nurses for support.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016 and relate to responses between July 2015 to September 2015 and January 2016 to March 2016.

What people who use the practice say

The results showed the practice was performing in line with, or better than local and national averages. 353 survey forms were distributed and 113 were returned. This represented 3% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) and national averages of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.

- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% national average of 79%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, 21 of which were positive about the standard of care received. Patients commented on the personalised care they received and several commented on how staff had treated them over a long period of time. Patients referenced staff at all levels in their comments and said they found everyone to be friendly and approachable. The two comment cards that included negative feedback referred to difficulty getting an appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should take action to ensure there is documented, trackable evidence of the implementation of new national guidance, including from the National Institute of Health and Care Excellence.

Outstanding practice

- Staff demonstrated a consistent and proactive response to ensuring the safety and protection of patients with safeguarding needs or specific vulnerabilities that went above and beyond usual processes:
- This included tracing patients and relatives when they moved in and out of the area to ensure they had the correct medicine.
- There was significant evidence of liaison and multidisciplinary working with local and national agencies to protect patients from avoidable harm. This included social services and police outside of England and liaison with secondary care providers when patients were at risk of self-harm, suicide or domestic and sexual abuse.

Willenhall Oak 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 specialist adviser.

Background to Willenhall Oak Medical Centre

Willenhall Oak Medical Practice is a training practice based at 70 Remembrance Road, Coventry CV3 3DP.

The practice has level access from the car park to all treatment rooms. It has a clinical team of two GP partners, two salaried GPs and one trainee GP, consisting of two females and three males; two practice nurses and a healthcare assistant. The non-clinical team consists of a practice manager, a senior receptionist, an administrator and three receptionists.

The practice is readily accessible for people who use wheelchairs and by parents with pushchairs. A portable hearing loop system is available and there are quiet waiting facilities for patients who find the main waiting area can cause anxiety. Private space is available for breast-feeding. Patients can check-in using a self-service kiosk, which provides instructions in several languages.

The practice serves a patient list of 3836 and is in an area of very high deprivation. Of the patient list, 57% are living with a long-term condition and 65% are in paid employment or full time education.

Appointments are from 8.30am to 6pm Mondays to Wednesdays and Fridays and 8am to 3.30pm on Thursdays. Between 7pm and 9pm patients can book appointments at a local health centre and on weekends four local practices offered appointments to Willenhall Oak patients. Outside of these hours patients were directed to the NHS 111 service.

We had not previously carried out an inspection at this practice.

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.

How we carried out this inspection

Before inspecting, 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 6 December 2016.

During our inspection we:

- Spoke with a range of clinical and non-clinical staff and a member of the patient participation group.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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 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 an effective system in place for reporting and recording significant events.

- There was an electronic system in place for staff to submit incidents and staff we spoke with were confident in this process. 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.
- In the 12 months prior to our inspection the practice had documented 21 significant events. Each event had documented the discussion, investigation and outcome and there was evidence this was shared with all staff during practice meetings.
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events and tracked them to identify any trends or themes. Through this process it was noted staff did not always document the verbal advice they had given to patients. In response the practice implemented a new protocol and training that meant all clinicians made a note of discussions with patients so colleagues were aware of these at future consultations. When areas for improvement were identified through incident reports, staff used an action plan to track progress.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice received a safety alert about faulty blood glucose equipment, they had contacted all patients affected and put alternative arrangements in place. Each GP was required to document their understanding and action taken for each patient safety alert received.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and included bi-monthly multidisciplinary meetings with clinicians, the health visitor, school nurse and family teams to safeguard children. Policies were accessible to all staff including locum and temporary staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who attended a quarterly safeguarding forum to ensure experiences and best practice were shared locally.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. If a child did not attend for a planned immunisation, staff considered this a safeguarding concern and proactively contacted the child's parents by phone or visited them at home with the help of the health visitor. Staff had been trained in recognising the signs of female genital mutilation (FGM). There were template tools with prompts to help them to recognise the signs of FGM.
- We saw evidence staff responded quickly and appropriately to address immediate safeguarding concerns. This included coordination with a specialist consultant and contact with social services when a GP had concerns about a child's medicine. The action of staff resulted in the protection of the child. In addition, staff had worked with police and social services both in and out of the local area to ensure urgent support was in place for patients who were the victims of domestic violence or who had disclosed problematic social conditions at home.
- Where a patient was known to have safeguarding risks and had left England, staff demonstrated significant commitment to communicating with local health and social care providers in the patient's new area to ensure they received essential medicines. Staff had taken action because they understood the person to be at risk of self-harm and suicide attempt.

Are services safe?

- A notice in the waiting room advised patients that chaperones were available 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. All reception staff had a current DBS check and were able to assist patients with children during appointments.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Processes were in place to maintain the cold-chain of refrigerated medicines and vaccines, including temperature recording. Staff had acted promptly to safeguard a patient when they had been coerced into trying to obtain controlled drugs.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicine audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. GPs reviewed all high-risk medicine requests to ensure these were only issued if the patient had up to date blood tests and other diagnostics relevant to their condition. Two GPs had completed a Medical Protection Society safe prescribing course. Blank prescriptions were securely stored and there were systems in place to monitor their use. There was a risk assessment in place for the management of computer script paper.
- Safety systems for medicines included reviewing notes from multidisciplinary care providers. For example, a

patient was discharged from hospital with an incorrect medicine dose on their discharge letter. GP intervention resulted in a change in hospital policy in prescribing of the medicine concerned.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- The practice had audited patients who were prescribed eight or more medicines. Staff had reviewed each individual to reduce the number of medicines where appropriate.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety, including an up to date health and safety policy with which all staff were familiar. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and there were contingency plans for staff absence or sickness.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had emergency oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been proven effective when part of the practice had flooded and service had been maintained in the previous year.
- A live evacuation exercise had been conducted in the previous 12 months, which highlighted learning for staff in an emergency. This included the need to check all visitors had left the building before staff and that an evacuation plan was needed for anyone with reduced mobility on the first floor.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, updates to information or new guidelines was shared informally and there was no documentation to indicate who was aware of new guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had identified that some patients often presented inappropriately at hospital emergency departments and reviewed each attendance at multidisciplinary meetings. Such reviews led to individual meetings with patients to identify ways the practice could meet their needs.
- To encourage new mothers to attend six week post-natal checks, the practice sent out a congratulations card with the appointment invitation to make it more personal.
- Local audits identified the practice as a relatively high prescriber of psychoactive medicine within the local area. Staff reviewed the audit data and found this was due to a small number of patients with specific needs, all of whom were invited to an appointment to review their needs. In addition, the practice prescribed a maximum of seven days at a time to ensure appropriate monitoring of patients.
- From January 2017 the practice would host a dementia navigator clinic to offer signposting and guidance for patients with dementia and their carers. This was part of a broad commitment to care for patients with this condition, including participation in a primary care pilot scheme to ensure timely diagnosis and ensure people had the best quality of life possible.
- All patients who underwent minor surgery were reviewed by a GP after two weeks.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results from 2015/16 were 91% of the total number of points available. Exception reporting was significantly higher (10% or higher difference) than the Clinical Commissioning Group (CCG) or national averages in the depression and primary prevention of cardiovascular disease clinical domains. For depression this was 39% compared to 25% nationally and for the primary prevention of cardiovascular disease this was 50% compared to 30% nationally. We spoke with clinical staff about the relatively high areas of exception reporting and our specialist advisor reviewed practice data.

We were satisfied exception reporting was mitigated through processes that monitored patient outcomes and wellbeing, including follow-ups and reviews. In addition, the complex needs of many patients meant although the practice worked with them to maintain their health, other demands on them often resulted in missed appointments and reviews. The practice also had a large number of elderly patients with complex or multiple conditions, which meant control of health indicators such as blood pressure was not always well controlled. In some exception reporting areas there was a very small number of patients, which disproportionately affected the exception rates. The overall exception reporting average for 2014/15 was 11.4%. Data from 2015/16 showed a 0.3% decrease.

Staff recognised the practice was an outlier in the CCG for high outpatient referral rates. In response the practice took part in a peer review pilot for three weeks whereby GPs from another practice reviewed every referral in terms of need and clinical indication. The pilot found the practice was referring appropriately according to patient need and there was a lower referral rejection rate than other practices within the CCG. The practice continued to engage with peer reviews periodically to ensure referrals were appropriate.

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 lower than the national and CCG average in three out of five indicators and comparable to or better than CCG and national averages in two indicators. For example, 53% of

Are services effective?

(for example, treatment is effective)

patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80 mmHg or less, compared to the CCG average of 77% and the national average of 78%. This relates to blood pressure and a reading of less than 140/80mmHg indicates less risk of hypertension. In addition, 94% of patients with diabetes had a foot examination and risk classification in the preceding 12 months, compared with the CCG average of 91% and the national average of 88%.

- Performance for mental health related indicators was comparable to the national and the CCG average in all three indicators. For example, 83% of patients with schizophrenia, bipolar affective disorder or other psychoses had an agreed, documented care plan in the preceding 12 months compared with the CCG average of 84% and the national average of 88%.

There was evidence of quality improvement including clinical audit:

- Nine clinical audits had been completed in the 12 months prior to our inspection, all of which were completed audits where the improvements made were implemented. Not all changes in practice had been re-audited.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research, including national cancer research to improve the quality of life of patients.

Information about patients' outcomes was used to make improvements such as:

- All patients with a known mental health risk or vulnerable circumstances were flagged on the computer system so reception staff knew to accept them as a same-day appointment, even if none were available.
- Education provided to patients about cervical smears was improved, including about when to schedule a smear and how to access appointments.
- When patients experienced problems accessing secondary care, the practice team demonstrated a proactive approach to supporting them. This included access to specialist psychology services and help in understanding specialist consultant plans by liaising between providers.
- The practice audited how they detected atrial fibrillation (abnormal heart rhythm) after identifying potentially

low rates. The audit highlighted there was room for improvement in checking pulses during consultations. The practice implemented this requirement and found atrial fibrillation detection rates increased accordingly.

- Following a delayed cancer diagnosis, the practice implemented a policy of reviewing every patient after their two week wait cancer check appointment, even if test results came back negative.
- An audit of pre-diabetic patients resulted in an improved diet and lifestyle education programme that led to an improvement in blood glucose measurements of 75% of patients involved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 and nurses who offered depot (intramuscular) injections and hormonal implants.
- There was a clear focus on training and education provision for medical trainees. The practice had a GP trainer and two GP tutors and provided training for foundation level 2 and 3 doctors as well as trainee GPs and medical students from a nearby university.
- The clinical team developed specialist interests in areas to meet the needs of the local population through ongoing training. Members of the clinical team held a certificate in diabetes care, an advanced diploma in mental health and diplomas in asthma and chronic obstructive pulmonary disease (lung diseases).
- 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 at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Monthly multidisciplinary meetings were attended by GPs, district nurses, community matrons and Macmillan nurses. These meetings were used to review all recent hospital admissions and patients with complex needs.
- Staff acted as advocates for patients when they found communication or coordinating their own care difficult. For example, a GP intervened when one patient with significant mental health needs had three consecutive secondary care appointments cancelled and secured an urgent psychiatrist appointment for them.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a bi-monthly basis for patients with cancer or receiving palliative care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to access local support organisations. The practice was ranked sixth out of 31 local practices for the number of patients successfully completing four and 12 week smoking cessation plans.
- Weekly counselling sessions were available in the practice and staff were able to refer patients directly to this. The practice had also established relationships with a 'mood gym' and bipolar support group and could refer patients.
- Staff provided structured lifestyle support to patients who were identified at risk of developing a long-term condition. For example, following nurse intervention, one person with no health problems reduced their risk of cardiovascular (heart) disease by 12% through staff support in an individual programme to increase exercise and reduce smoking.
- The practice offered a long-standing 'open door' policy for patients in the local community with significant mental health problems and vulnerabilities including a history of self-harm, suicide risk, substance addiction and overdose. This policy reduced the anxiety of such patients in booking an appointment and meant clinicians could provide opportunistic interventions and engage in multidisciplinary care when they presented.
- One GP offered a minor surgery and joint injection clinic that enabled patients with tendon injuries to be treated and return to work the next day.
- A dietician was available on referral and smoking cessation advice was available from a local support group.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average and comparable to the national average of 82%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening although rates were generally lower than national and CCG averages:

- 59% of females aged 50-70 had undergone breast cancer screening in the previous 36 months compared with a CCG average of 71% and a national average of 72%.

- 33% of females aged 50-70 had undergone breast cancer screening in the previous six months compared with a CCG average of 72% and a national average of 73%.
- 56% of people aged 60-69 had undergone bowel cancer screening in the previous 30 months compared with the CCG and national average of 58%.
- 52% of people aged 60-69 had undergone bowel cancer screening within six months of invitation compared with the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were variable when compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 98% compared to 97% in the CCG and between 73% and 97% nationally. Immunisation rates for five year olds ranged from 91% to 100%, compared to between 91% and 99% in the CCG and between 81% and 91% nationally.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and annual health checks for older people and those with long term conditions. 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

We observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice sent a birthday card to patients on their 80th, 90th and 100th birthdays to mark the special occasion as well as a congratulations card to the parents of new-born babies.

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group, which had recently been formed. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey (2015/2016) 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:

- 94% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 94% 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% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice conducted an internal patient survey with 140 people in July 2016:

- 87% of patients described the quality of care by the GP during a consultation as excellent or very good
- 86% of patients described the quality of care by the nurse during a consultation as excellent or very good
- 81% of patients described the overall quality of services as excellent or very good
- No patients described any aspect of the quality of care as poor.

In addition, practice nurses had conducted their own survey to understand patient experience of their service and clinics. All responses indicated the quality of nurse care to be excellent or very good.

Care planning and involvement in decisions about care and treatment

Patients told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Translation and interpreter services were available for patients who did not speak English as a first language. Staff had identified Polish and French as common local languages and ensured interpreters were available in advance to accompany patients. In addition one GP spoke fluent Russian, which increased in-house language support. The practice was able to secure an advocate from a community non-profit organisation to help those with mental health issues communicate their needs
- Staff encouraged all patients with complex needs, including substance addiction, mental health challenges and cancer, to be involved in their care planning. This resulted in the practice meeting patient requests and needs. For example, staff worked with a patient with terminal cancer who wanted to die at home by ensuring they were not admitted to hospital and

supplied them with an appropriate do not attempt resuscitation authorisation. This was completed with input from the multidisciplinary team and involvement of the patient and their family. 60% of patients who received end of life care in the previous year had died in a place of their choosing.

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 a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted clinicians if a patient was also a carer. The practice had identified 42 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them such as community support networks and a dedicated carers centre.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- In-house services had been developed based on the needs of the local population. This included musculo-skeletal treatment, acupuncture and manipulation treatment, fast track pain management, joint injections and respiratory services.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- NHS travel vaccinations were available.
- There were disabled facilities and translation or interpreter services available.
- Practice nurses offered depot (intramuscular) injections and hormonal implants.
- The practice worked proactively with people who did not attend booked appointments or who regularly accessed urgent and emergency care out of hours to identify areas of unmet need. Staff worked with patients to educate them on appropriate ways to access health services, including supporting them to access social care services when needed.
- A range of links were available with secondary care and community providers that enabled the practice to provide specialist guidance and referrals, including to alcohol and drug services.

Access to the service

The practice was open between 8.30am and 6pm Mondays to Wednesdays and Fridays and between 8am and 3.30pm on Thursdays. Between 7pm and 9pm patients could book appointments at a local health centre and on weekends four local practices offered appointments to Willenhall Oak patients. Between 8am and 8.30am and 6pm to 7pm

Mondays to Wednesdays and Fridays, and from 3.30pm to 6.30pm on Thursdays, a duty GP was on call for urgent care. Outside of these hours patients were directed to the NHS 111 service.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them, including phone consultations.

Patients registered for the practice's online service could book, change and cancel appointments electronically. They could also manage prescriptions and access their care records. 31% of patients had registered for the electronic prescribing service.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 79%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

In addition to the National GP Patient Survey, the practice had undertaken a local survey to gauge how patients felt about the availability of certain slots of pre-bookable appointments. The practice had changed the proportion of pre-bookable and on the day appointments in 2015 in response to previous feedback and this survey was designed to identify if that strategy had been successful. Overall 60% described the range of appointments available as excellent or very good.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including the use of posters and the practice website.

We looked at all nine complaints received in the 12 months prior to our inspection. Five complaints were made about

access and appointments, two regarding clinical care, one about administration and one complaint about the attitude of a member of staff. In each case the practice manager contacted the complainant, offered an apology and investigated the issue thoroughly. Investigations and outcomes were documented and discussed in detail with staff during meetings. Lessons were learnt from individual concerns and complaints and also from an analysis of trends and action was taken to as a result to improve the quality of care. For example, automated phone appointments were made available, the online booking system was made more flexible and information about out of hours services was more readily available.

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 patient charter that was displayed in the waiting areas and staff knew and understood the values.
- The practice had a business development plan for 2016-2020 that included a focus on maintaining services that worked well, such as musculo-skeletal (such as joint and muscle pain) and pain management, and future planning to ensure the service could meet demand. Staff identified areas of need with succession planning and aimed to transition salaried doctors to GP partner posts to ensure future continuity of the service.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place 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. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had recently developed a Patient Participation Group (PPG) to represent the needs and opinions of patients. This group was establishing other methods of communication with patients to attract a more representative sample of patient's ages, including text messages and social media. The PPG had four core members with a further two interested members and had implemented immediate changes. For example, seasonal health information had been displayed in the waiting area for flu vaccinations and information on the impact of patients who did not attend booked appointments was displayed.
- The PPG was due to meet again in January 2017 to continue its development and role in the practice. The

Are services well-led?

Good 

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

PPG had produced the first issue of a bimonthly newsletter that included updates on practice opening hours over holidays and information on how patients could benefit the practice by joining the group.

- In July 2016 the PPG conducted a survey to find out if patients knew how to access out of hours appointments and about their experience of waiting times. Patients said they were not aware of out of hours services and as a result the practice made this information more prominent in the waiting area. 76% of patients said they were satisfied with the length of time they waited for their booked appointment on arrival and said the quality of appointment was more important than delays.
- Staff told us they felt involved and engaged to improve how the practice was run.
- Staff had contributed to the business development plan and were able to discuss updates and additions with the senior team. Quarterly whole-practice meetings included dedicated time for staff feedback and discussion.

- The practice sought feedback from medical students. In 2016 medical students said they appreciated the in-depth supervision they received and the time GPs spent with them building clinical knowledge and competence.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area and seek out accreditation for quality management. The practice had achieved three national quality standards accreditations and used these as a framework from which to deliver services.

The practice building had been extended twice since 1999 to increase capacity and services to meet patient demand, including a theatre and training suite.