

Catshill Village Surgery

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 Catshill Village Surgery on 15 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded.
- Staffing levels were monitored to ensure they matched patients' needs. Safe arrangements were in place for staff recruitment that protected patients from risks of harm.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training had been identified and planned.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- Information about how to make a complaint was readily available and easy to understand.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was clear leadership structure and staff told us they felt well supported by senior staff. Management proactively sought feedback from patients which it acted on.

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



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to all relevant staff to support improvement.
- Information about safety was recorded, monitored appropriately, reviewed and addressed.
- Risks to patients were assessed and well managed and these were re-visited when circumstances changed.
- There was a recruitment policy and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policy and procedure.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others in all aspects of care.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their needs explained to them and they told us they were involved with decisions about their treatment.

Summary of findings

- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us it was easy to make an appointment and urgent appointments were available the same day.
- The practice provided enhanced services. For example avoiding unplanned admissions by carrying out health reviews and development of individual care plans.
- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders.

Good



Are services well-led?

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

- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- Meetings were held with another practice to share information and identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.
- The Patient Participation Group (PPG) were active. A PPG is a group of patients who represent the views of patients and work with practice staff to improve services and the quality of care.

Good



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 good for the care of older people.

Good



- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- Practice staff worked with other agencies and health providers to provide patient support.
- A GP made weekly visits to a care home where practice patients resided to monitor their health needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health and care professionals to deliver a multidisciplinary package of care.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Families, children and young people

The practice is rated 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.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison with the health visitor to review those children who were considered to be at risk of harm.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Extended hours were in place that allowed children to be seen outside of school hours. Appointments were available until 7.30pm every Tuesday and Wednesday.

Working age people (including those recently retired and students)

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

- The practice had adjusted its services to accommodate the needs of this population group.
- Extended hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- These patients had been signposted to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.

Good



People experiencing poor mental health (including people with dementia)

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

- Patients who experience poor mental health had received an annual physical health check.

Good



Summary of findings

- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experience poor mental health, including those with dementia.
- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia.
- This enabled staff to put a care package in place that provided health and social care support systems in place to promote patients well-being.
- Referrals to other health professionals were made when necessary.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line in most areas with local and national averages. There were 117 responses, this equated to a 46% response rate.

- 95% of patients found the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 96% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 88% and a national average of 87%.
- 96% of patients found it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 98% of patients said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 48% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 56% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

During our inspection we spoke with six patients. They told us they were satisfied with the care and treatment they received. Two patients told us they waited a long time from their appointment time before they were seen. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards all were positive about the standard of care they received. Some described their care as excellent. Three expressed concern about the length of time they waited to be seen.

GPs told us they were aware of the extensive waiting time for some patients and that they were considering options about how to resolve the problem.

Catshill Village Surgery

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 advisor.

Background to Catshill Village Surgery

Catshill Village Surgery provides care for approximately 5,050 patients. The service covers Catshill, Fairfield, Lickey, Lickey End and Dodford areas. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by two GP partners (one male, one female) who between them provide 14 clinical sessions per week. There are two salaried GPs who provide a further 9 clinical sessions per week and one vacancy for seven sessions. GPs are supported by two practice nurses and a health care assistant (HCA). They provide cervical screening, vaccinations, reviews of long term conditions and phlebotomy (taking blood samples) services. The practice employs a practice manager, three management support officers who are shared with a neighbouring practice, a medical secretary and four receptionists. One of the receptionists is also the reception manager.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

The practice is open from 8am until 1pm and from 2pm until 6.30pm every weekday with the exception of Thursdays when the practice closes at 1pm for the day. However, the telephone lines are open every day between 8am and 6.30pm for patients to receive non-clinical advice.

Appointments are available from 9am until 1pm and 2.30pm until 6pm daily with the exception Thursday afternoons. Extended hours are provided for pre-booked appointments until 7.30pm every Tuesday and Wednesday.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by NHS Redditch and Bromsgrove Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 15 March 2016. During our inspection we spoke with a range of staff including two GPs, one practice nurse and the health care assistant. We also spoke with the practice manager, one management support officer, two receptionists and the secretary. We spoke with six patients and spoke with two Patient Participation Group (PPG) members who were also registered patients at the practice. PPG's work with practice staff in an effective way that may lead to improved services. We observed how patients were being cared for and talked with family members and reviewed relevant documentation. We reviewed 45 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Significant events were a standing agenda item for practice meetings to share lessons learnt and to identify where further improvements could be made.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary to protect patients from inappropriate treatment.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a letter was sent to a parent inviting all their children for flu vaccination but on arrival one child was not eligible and the parent had misinterpreted the letter. Improvements were made to the standard invitation letter that gave more accurate details of each child referred to.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. We saw that risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding who had received appropriate training. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. All staff had received training that was appropriate to their role. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff told us that if necessary they would take the initiative by contacting relevant agencies.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (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). Some patients we spoke with were aware that they could request a chaperone and they confirmed that clinical staff offered them this facility.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice manager assisted with infection control and both staff members had received in depth training. There was an infection control protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. An annual in depth

Are services safe?

audit had been carried out by a specialist from the local hospital on 10 March 2016. The overall result was positive and the two required actions had been completed.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of a safe management of medicines and prescribing practices.
- The practice had recently employed a pharmacist who worked at the practice for six hours per week. They carried out regular medicines audits of all patients who were discharged from hospital, to ensure prescribing was in line with best practice guidelines for safe prescribing. They told us they were planning to extend the audits to cover other areas of prescribing within the practice such as; repeat prescribing for long term conditions.
- We reviewed two personnel files of the latest recruits and found
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff absences were covered by other staff re-arranging or working extra shifts. Where necessary some shifts were also covered by staff from another local practice and this system included GPs.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.

- 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, clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked extra shifts and changed their working hours to cover for each other during periods of annual leave. Cover for all grades of staff was also provided by a neighbouring practice.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects when they received minor surgery.
- The practice had a defibrillator available on the premises and 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 fit for use.
- 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. A copy of this was held off site to eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were up to date.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles. The patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Clinical staff provided opportunistic screening for dementia to ensure early diagnosis and support plans developed to improve patients' life styles.
- Senior staff were engaging with the Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. CCG's 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. Meetings were held every six months with the CCG to review performance and agree ways of making further improvements to patient care.
- A GP made weekly visits to an assigned care home and meetings were held with the care home staff at least annually to educate them about health needs. Staff told us this had led to a reduced number of hospital admissions.
- The regular multidisciplinary meetings included district nurses and a member of the Macmillan Team who provided palliative (end of life) care.

- Clinical staff held monthly meetings with health visitors. A GP we spoke with told that these meetings were especially beneficial because the sharing of information helped GPs to understand the circumstances of the patients.

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). Comparisons were also made with the local Clinical Commissioning Group (CCG). QOF data published in January 2016 showed the practice was performing in line with CCG and national averages;

- The atrial fibrillation (irregular heart beat) review rate was 100% which was the same the CCG and 2% above the national average. The practice exception reporting rate was 9%.
- The mental health review rate of 94% was 1% below the CCG average and 1% above the national average.
- Performance for asthma related indicators was 100% which was 3% above the CCG average and 3% above the national average. The practice exception reporting rate was 2%.
- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. There was no practice exception reporting rate.
- Performance for diabetes related indicators was 92% which the same as the CCG average and 3% above the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were 97% which was 2% above the CCG average and 1% above the national average.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was the same as the CCG average and 2% above the national average. The practice exception reporting rate was 3%.

The practice had an overall exception reporting of 3%, which was 4% lower than the local Clinical Commissioning

Are services effective?

(for example, treatment is effective)

Group (CCG) average and 6% lower than the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. This includes, for example, patients who choose not to engage in screening processes or accept prescribed medicines.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. They included:

- Clinical staff had undertaken an audit of best practice concerning end of life care. By sharing information on care and treatment, with other practices, areas where improvements could be made were identified.
- Another audit concerned a specific medicine and the changes made were recorded. We saw the results of the second audit that confirmed improvements had been achieved in the use of this medicine.
- We reviewed a third audit concerning prescribing of a specific antibiotic and saw that the audit had been repeated to ensure that improvements made had been sustained.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were provided with a handbook at the commencement of employment that provided them with practice information and policies that they could refer to.
- The practice had a training programme in place and extra courses were provided that was relevant to roles. For example, administration of vaccines, the cervical screening procedure and reviews of long term conditions. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.
- The learning needs of staff were identified through a system of 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. This included on-going support during sessions, one-to-one meetings, coaching and

mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they had the opportunity to build on their knowledge and development to enhance services provided to patients.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours care team.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

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. GPs

Are services effective?

(for example, treatment is effective)

we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.

- 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.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines.
- Written consent was obtained before each minor surgery procedure commenced.

Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity. Patients were then signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 97%, which was 1% below the CCG and national averages.
- A monthly computer search was carried out to identify patients who required tests and reviews of their long term conditions. Patients who had not attended were contacted and asked to make an appointment. Letters for patients who had a learning disability were in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were sent a reminder advising them of the need to attend.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% and five year olds from 94% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74. 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 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.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The six patients we spoke with and the two PPG members were very complimentary about the way in which all staff communicated with them.
- All of the 45 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Throughout our inspection we observed how staff responded to patients and saw they were treated with respect at all times. We saw that staff were friendly and helpful. Patients told us that staff provided either a good or an excellent service.

Results from the national GP patient survey published in January 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:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and national average of 95%
- 92% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.

- 95% of patients said the nurse was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 98% and national average of 97%.
- 94% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

Care planning and involvement in decisions about care and treatment

We spoke with six patients and reviewed 45 comment cards on the day of our inspection which confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their care needs.

Results from the national GP patient survey published January in 2016 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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 92% 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%.

We saw a range of health promotion advice and advice leaflets about long term conditions in the waiting area that provided patients with information and support services they could contact.

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a card of condolence was sent to the family and a GP offered them support and if necessary referral to a counselling service. The practice manager told us that if family members contacted the practice for an appointment that they would always be accommodated.

The practice's computer system alerted GPs if a patient was also a carer. There were 43 carers on the register which

equated to 1% of registered patients. The practice manager told us that the numbers of carers was low because number of patients who were carers had recently been admitted to care homes. There was a dedicated notice board and forms available for patients to complete if they considered themselves to be a carer. The information displayed included details of various support groups. The Worcestershire Carers Association went out to patients own homes and put a care plan in place that included arrangements that allowed carers to attend their own appointments. Carers were offered an annual flu vaccine for their health promotion.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetic clinics, ante natal care and smoking cessation advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All patients who requested an appointment were asked by reception staff if they would like a telephone consultation or a face to face appointment.
- Home visits were available for elderly patients and those who were unable to access the practice.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- There were longer appointments available for people with a learning disability and patients with other long term conditions.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- There were extended hours available to improve patient access.
- There were facilities for patients with a disability, a hearing loop and translation services available.
- Regular audits were carried out on all patients over 75 years of age to check when they were last seen to promote timely health checks.

Access to the service

The practice was open from 8am until 1pm and from 2pm until 6.30pm every weekday with the exception of Thursdays when the practice closed at 1pm for the day. However, the telephone lines were open every day between 8am and 6.30pm for patients to receive non-clinical advice.

Appointments were available from 9am until 1pm and 2.30pm until 6pm daily with the exception Thursday afternoons. Extended hours are provided for pre-booked appointments until 7.30pm every Tuesday and Wednesday.

Senior staff told us that regular audits were carried out regarding the appointments system to ensure that it met capacity needs. At the time of our inspection 30% of appointments were pre-bookable and the remainder were booked on the day. Patients who rang before 9.30am were guaranteed a same day appointment even if the lists were full.

Senior staff informed us that the practice had a number of patients with temporary registration and that these patients were always offered appointments.

Results from the national GP patient survey published January 2016 showed that patients' satisfaction with how they could access care and treatment were mostly above local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 95% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 87% and the national average of 85%.
- 91% of patients described their experience of making an appointment as positive compared to the CCG average of 76% and national average of 73%.

However, patients were less satisfied than local and national averages with the practice's opening times:

- 81% reported they were satisfied with the opening hours compared to the CCG average of 87% and national average of 85%.

Patients we spoke with on the day of the inspection and comment cards we received told us that they were able to get appointments when they needed them and that they were satisfied with the opening hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with

Are services responsive to people's needs?

(for example, to feedback?)

recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log and there had been two formal complaints received over the past 12 months.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.
- The practice manager told us they dealt with verbal complaints promptly through discussions with patients.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Clinical staff met regularly with another practice to share achievements and to make on-going improvements where possible.
- Senior staff had considered the needs of the future that included the new house building programme that would impact on the number of patients registered.
- Senior staff had identified that further clinical staff would be needed and were trying to recruit another GP.
- The practice was considering opening a pharmacist run session where the pharmacist would give simple advice to patients independently.
- Practice staff worked closely with another practice by sharing information and knowledge and in developing plans for future care provision.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- Staff attended regular team meetings to discuss issues, patient care and further develop the practice.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well-run practice. They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.

The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology.

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. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was an active PPG which met regularly and regularly liaised with senior staff between these times. PPG members said they felt the staff listened to them and that changes would be facilitated whenever practicable. For example, the PPG had suggested improvements to the presentation of the patient information notice boards to ensure information was easy to access. Practice staff had made the necessary changes. The PPG members had also helped in directing patients during the flu vaccination clinics.

Are services well-led?

Good 

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

Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. Staff and the PPG members were asked to comment before the changes were implemented.

Continuous improvement

There was focus on continuous learning and improvement at all levels within the practice. Discussions were in progress through six monthly meetings about how they would implement the proposed Redditch and Bromsgrove Clinical Commissioning Group (CCG) model of caring strategy.