Kingfisher Practice

Quality Report

Kingfisher Practice ,
Bentley Medical Centre,
Churchill Road,
Walsall,
WS2 0BA
Tel: 01902 606303
Website: www.gpwalsall.co.uk/kingfisher

Date of inspection visit: 7 October 2015
Date of publication: 07/01/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingfisher Practice on 7 October 2015. Overall the practice is rated as good.

Specifically, we rated the service to be good for providing safe, effective, caring, responsive and well led services. The service provided to the following population groups was also rated as good, these 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).

Our key findings across all 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, monitored, appropriately reviewed and addressed.
- There were effective arrangements in place to identify, review and monitor patients with long term conditions. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was responsive to the needs of its patient population. There were services aimed at specific patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about services and how to complain was available and the practice responded quickly to issues raised.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. There was strong and visible leadership and processes to keep staff informed and engaged in practice matters. The practice 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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. However, staff who undertook a formal chaperone role had not received training so that they developed the competencies required for the role.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals. Staff worked with multidisciplinary teams and there were regular meetings to manage patients with complex needs.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.The practice offered support to carers for example, by offering the flu vaccination and where appropriate referral to dementia support groups for advice and support.We did not see any written information available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff. Data showed that patients were not always able to see a preferred GP however, the practice was aware of the issue and looking to address it. The practice had reached out to the local community by approaching the local Gurdwara (Sikh place of worship) to promote better health by providing basic life support training. One of the GPs worked with a local homeless charity in their own time and was looking at identifying a process for providing flu vaccinations to this vulnerable group.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision which had quality and safety as its top priority. There was strong and visible leadership and processes to keep staff informed and engaged in practice matters. The practice proactively sought feedback from staff and patients which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. There were systems in place to monitor and improve quality and identify risks. The practice had a number of policies and procedures to govern activity although some had not been personalised to the practice and did not identify named leads for example, the infection control policy.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care this included regular multidisciplinary team meetings. The practice was an 'Any qualified provider ' (AQP) for anti-coagulation services. This enabled both patients registered at the practice and patients registered elsewhere to receive anti- coagulation monitoring at the practice in a dedicated clinic where warfarin prescription could also be issued. There were practice pharmacists who undertook medication reviews for patients on high risk medicines and those with complex needs, as well as hypertension clinics (for patients with high blood pressure).

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with the midwives and health visitors. For example, increasing the uptake of

Summary of findings

the Pertussis vaccine (whooping cough) for pregnant women and liaising with the health visitors when there were safeguarding concerns. The practice was a UNICEF breast feeding friendly practice and there were posters on display informing patients.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). 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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice provided a full range of contraceptive services and offered sexual health screening.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability. The practice had reached out to the local community by approaching the local Gurdwara (Sikh place of worship) to promote better health by providing basic life support training. One of the GPs worked with a local homeless charity in their own time and was looking at identifying a process for providing flu vaccinations to this vulnerable group.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

The practice held a clinic to review patients with substance misuse issues as part of a substance misuse shared care prescribing service. At the time of the inspection there were 13 patients who attended the clinic, there was liaison with the substance misuse team and a key worker attended the clinic with each patient to offer support.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). There were 55 patients on the mental health register which helped identify people experiencing poor mental health and they had all received an

Summary of findings

annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A community psychiatric nurse undertook weekly clinics at the practice.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia. The practice staff had received dementia community friendly training and a dementia awareness stand was in place in the patient waiting area every two months to provide information and advice. The practice was a 'Dementia friendly practice'. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The practice received 104 responses from the national GP patient survey published on July 2015, this was a response rate of 33.3%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 92% found it easy to get through to the surgery by phone compared with a CCG average of 75.5% and a national average of 73%.
- 94.7% found the receptionists at the surgery helpful compared with a CCG average of 86.6%and a national average of 86.8%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.8% and a national average of 85%.
- 94% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 91.8%.
- 85% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 81.9% said they were satisfied with the surgery's opening hours compared with a CCG average of 74.9% and a national average of 74.9%.

The practice was performing below local and national average in the following area:

- 34% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.

As part of our inspection we asked for CQC comment cards to be completed by patients before our inspection. We received 27 comment cards all of which contained positive feedback about the standard of care received. However, three cards also included comments about difficulty accessing routine appointments.

On the day of the inspection we spoke with six patients including four members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients told us that they were involved in their care and staff took time to explain their treatment in a way that they understood. However, two patients also told us that they were not happy with the new appointment system.

Kingfisher Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kingfisher Practice

Kingfisher Practice is a purpose built surgery located within a large community building, called 'Bentley Medical Centre'. The premises is shared with health and community services as well as two other GP practices. The practice has approximately 4748 patients registered.

The practice has three GP partners (one male, two female), two practice nurses a health care assistant and a practice manager. They are supported by a team of administrative/ reception staff.

The practice also employs locum GPs when needed. The practice is a training practice for GP trainees (fully qualified doctors who wish to become general practitioners), foundation year trainees (FY2) and a teaching practice for medical students. At the time of the inspection there was one GP trainee and one medical student.

The practice holds an Alternative Provider Medical Services (APMS) contract. APMS is a route through which NHS England can contract with a wide range of providers to deliver services tailored to local needs. APMS can be used to provide essential services, additional services where GMS/PMS practices opt out, enhanced services, out-of-hours services or any one element or combination of these services.

The practice is open from 9am to 6pm Mondays, Tuesdays, Wednesdays and Fridays. There are extended opening hours on Saturdays when the practice is open from 9am to 11am (booked appointments only). The practice is open on Thursdays from 9am to 12pm. The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. When the practice is closed during core hours on a Thursday afternoon patients can access general medical services by contacting 'WALDOC' which provides cover. When the practice is closed during out of hours patients can access general medical services by contacting 'Primecare' which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a high deprivation score. Data also showed that the practice has a slightly higher than average practice population aged under 18 years in comparison to other practices nationally. The practice also has a higher than the national average number of patients with caring responsibilities.

The practice achieved 94.1% for the Quality and Outcomes Framework (QOF) points for the financial year 2013-2014. This was similar to the national average of 94.2%.The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

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

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 was 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

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 visiting, 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 visit on 7 October 2015. During our visit we spoke with a range of staff (GPs, a practice pharmacist, a practice nurse, a health care assistant, reception and administrative staff) and spoke with patients who used the service. We talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. For example, for reporting incidents and national patient safety alerts as well as comments and complaints received from patients. National patient safety alerts were disseminated by the practice manager by email on receipt, then actioned and discussed as required in practice staff meetings. These were then stored on the practice computer to ensure they were accessible to all staff. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us they would inform one of the GP partners or practice managers of any incidents and there was also a recording form available on the practice's computer system.

There was an open and transparent approach and a system in place for reporting and recording significant events
There were 19 significant events that had occurred during the last 12 months. We reviewed records of significant events that had occurred during the last 12 months and saw this system was followed appropriately. As a result of a significant event relating to a patient with substance misuse issues who self-discharged from hospital, the practice ensured this high risk patient group were routinely followed up by a call or face to face appointment following hospital discharge. We saw that significant events were discussed in monthly practice staff meetings and emails were also sent to staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard vulnerable adults and children from abuse that reflected relevant legislation and local requirements. There were polices in place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating. There was a lead member of staff for safeguarding and they were identified in the practice policy. There were systems in place to share concerns with relevant agencies and examples of actions taken as a result of concerns. Staff demonstrated they understood their responsibilities and there was evidence that staff had received training relevant to their role.
- A notice was displayed in the patient waiting area advising patients that a chaperone service was available, if required. We identified that non clinical staff acted as chaperones however, they had not received any formal training although staff spoken with could describe their role and responsibilities including where to stand. However, a training session was due to take place in a weeks time. All staff who acted as chaperones had received a disclosure and barring (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).
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was evidence that all electrical equipment was checked to ensure the equipment was safe to use. The practice had records for products in day to day use that were hazardous to heath. However, products used by the cleaner were not available to view as these were stored by the cleaning company although the practice assured us that appropriate records were kept. The practice manager had completed a general risk assessment of the premises. The premises was not owned by the practice as a result some records were not stored by the practice. This included a fire risk assessment, checks of fire equipment and legionella. However, following the inspection the practice supplied evidence to support that these checks had been undertaken.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There were cleaning schedules for equipment used in clinical rooms and systems in place to ensure disposable and fabric curtains were replaced or deep cleaned regularly. We saw that cleaning specifications were in place but these had not been completed appropriately. However, there was evidence that the cleaning company undertook audits to monitor the standard of cleaning. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. An infection control policy was in place

although the infection control policy in place did not state the identified lead. There was a contract in place for the safe disposal of clinical waste. The practice had an overall score of 93% at the last infection control audit undertaken in May 2015 and all of the outstanding actions identified had been completed.

- The were arrangements in place for managing medicines, including emergency medicines and vaccinations. We checked medicines for use in a medical emergency and medicines in refrigerators and found they were stored securely, in date and were only accessible to authorised staff. Records showed that fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. The practice employed a prescription clerk who dealt with all repeat prescriptions and an alert system was in place which informed patients and staff that medication reviews were due. All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription for use in printers and hand written prescriptions including those used to prescribe controlled medicines were held in securely. National prescribing data showed that the practice was similar to the national average for medicines such as antibacterial and Non-Steroidal Anti-Inflammatory medicines and lower than the national average for prescribing certain types of antibiotics.
- There was system in place for the prescribing of high risk medicines such as warfarin which required regular blood monitoring in accordance with national guidance.
- The practice had a recruitment policy that set out the standards it followed when recruiting staff. We looked at the recruitment records for four staff members including clinical, non clinical staff and a recently appointed staff. Appropriate recruitment checks had been undertaken prior to employment. For example, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (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).
- 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 that enough staff were on duty. Locum GPs were employed through an agency when required.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw evidence that staff had received training in basic life support and anaphylaxis. Emergency medicines including oxygen 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. Emergency equipment was available included an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Home visits bags for the GPs contained relevant medication that may be required and systems were in place to check the contents of the bag. However, we identified that one medicine was out of date by a month, we brought this to the attention of the practice manager and this was replaced immediately.

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. The plan had been reviewed in September 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date and NICE guidelines were discussed in monthly multidisciplinary meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Nursing staff had lead roles in chronic disease management and worked in conjunction with the GPs. The most current published data from 2013/14 showed that the practice had achieved 94% of the total percentage of QOF points available, with 2.7% exception reporting across all domains (Exception reporting is the exclusion of patients from a QOF target who meets specific criteria. For example patients who choose not to engage in the review process or where a medication cannot be prescribed due to a contraindication or side-effect). Data from 2013/14 showed that the practice was in line or above the national average for some QOF indicators, for example;

- Performance for diabetes related indicator for foot examinations was 93.8%which was higher than the national average of 88%.
- The percentage of patients with a mental health need who have comprehensive agreed care plan was 91% which was higher than the national average of 86%.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 79% this was similar to the national average of 81.8%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment. There had been two clinical audits completed in the last 12 months. This included medication audits working alongside the CCG pharmacist reviewing patients on oral nutritional supplements and looking at Pertussis (whooping cough) vaccine uptake in pregnancy. We saw evidence of completed audits where improvements were implemented and monitored. For example, the practice had identified that the uptake of the Pertussis vaccine for pregnant women was low at 48%, as a result of the audit and action taken which included the introduction of a pregnancy register this had increased to 56%. This is was still below the national average of 64% and the practice was working with the midwife to make further improvements.

Effective staffing

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

- There was an established team which included three GP partners who all worked on a part time basis. The practice had been unable to recruit a salaried GP and the recruitment process was ongoing however, when necessary locum GPs were employed through an agency to ensure the effective delivery of service, locums employed were often familiar to the practice to ensure continuity of care for patients. The team also included two nurses one of whom was also a nurse prescriber the other locum practice nurse who was providing maternity leave cover, a health care assistants and a team of administrative/reception staff.
- The practice had an induction programme for newly appointed staff including trainee GPs which was comprehensive and covered policies and procedures as well as information such as the computer system and useful contact numbers.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff had had an appraisal within the last 12 months. The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Good

Are services effective?

(for example, treatment is effective)

- The practice offered minor surgical procedure which was the removal of skin tags. The GP who undertook this procedure had received appropriate training.
- There was a system in place for recording staff training however, the system was not well maintained and had not been updated to reflect all training that staff had received. It was therefore difficult to verify whether all staff had received training and was were up to date. However, our discussion with staff suggested that they had received training relevant to their roles. Following the inspection we were also provided with training certificates that showed staff had undertaken training in areas such as safeguarding, fire and basic life support.
- Staff undertook various lead roles within the practice to support the management of patients. This included QOF, safeguarding and substance misuse.
- Monthly practice staff meetings took place which included all staff and provided the opportunity to share important information with staff. The minutes showed that these meetings were detailed and covered a number of areas including significant events and safeguarding concerns. There were also weekly clinical meetings which included members of the multidisciplinary team.

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 blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service. All relevant information was shared with other services in a timely way.

Staff worked together and with health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a regular basis which included pharmacists, district nurses and social workers. These meetings were organised, well attended and had detailed minutes. There was evidence of action taken as a result of discussions at multidisciplinary meetings. For example, the management of chronic for a patient had been addressed following discussions and action taken including training for the GPs. There was joint working with the local mental health services and a community psychiatric nurse held weekly clinics at the practice.

The practice had made use of the gold standards framework for end of life care (GSF). It had a palliative care register and at the time of our inspection there were 10 patients on the register. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. There were regular meetings to discuss the care and support needs of patients and their families.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance such as Gillick Competency. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. For example, the practice had referred a patient for an Independent Mental Capacity Advocate to ensure decisions about a specific procedure was made in their best interest. The practice had a consent policy in place to provide staff guidance and there were specific consent forms for patients undergoing minor surgery.

There were 22 patients on the learning disability register and 55 patients on the mental health register all of whom had received a health review. We reviewed a sample of care plans for patients with a learning disability and those with mental health needs and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and mental health. Patients were then signposted to the relevant service.

Good

Are services effective?

(for example, treatment is effective)

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening was 79% which was comparable to the national average of 81.9%. There were systems in place to follow up patients who did not attend for their cervical screening. The results of screening were audited to ensure good practice was being followed.

The most current published data from 2014/15 showed that childhood immunisation rates for the vaccinations given were overall comparable to the CCG average. For example, childhood immunisation rates for the majority of vaccinations given to under two year olds ranged from 95 % to 97.6% and five year olds from 95% to 98.%. However, rates for the Infant Men C vaccine given to under two year olds was 59.8% this was below the CCG average of 77.6%. However, the practice was able to supply us more recent data which showed that the practice had met its target figure for the vaccination. Flu vaccination rates for patients over the age of 65 were 74.9% and at risk groups 55.9%. These were also comparable to the national averages.

Patients had access to appropriate health assessments and checks. This included health checks for new patients and NHS health checks for people aged 40–74 which were completed by the health care assistant or nurse. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified these were referred to the GPs.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We saw posters in the patient waiting area informing patients that they could speak in private away from the reception area.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 27 completed cards. Patients described staff as kind and respectful and said their privacy and dignity was maintained. On the day of the inspection we spoke with six patients including four member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Patients described staff as caring and helpful. Comment cards highlighted that staff responded to patients compassionately when they needed help and provided support when required.

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

- 94.8% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 96.7% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 95.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 91.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.6% and national average of 90%.
- 94.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.6% and national average of 86.8%.

However, the practice was below average for the following area:

- 34% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.

The GP partners told us that this was a challenge as they all worked on a part time basis however, patients were told that they could request a preferred GP if they wished although it might involve waiting. They were also in the process of responding to the results of the survey to ensure this area was explored in more detail, this included working in conjunction with the PPG to undertake a patient survey.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 91.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Some of the staff were multilingual and could speak a number of languages. Staff told us that translation services

Good

Are services caring?

were available for patients who did not have English as a first language, although we did not see any notices in the reception areas informing patients about the service available.

Patient and carer support to cope emotionally with care and treatment

There was a display monitor with patient information and posters in the patient waiting room that provided patients with information on how to access a number of support groups and organisations such as Age UK.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients and there were 29 patients who were carers. The practice offered support to carers for example, by offering the flu vaccination and where appropriate referral to dementia support groups for advice and support. We did not see any written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement a sympathy card was sent. A GP would also contact them and 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Services were planned and delivered to take into account the needs of different patient groups and provide flexibility, choice and continuity of care, for example:

- The practice had access to three pharmacists who between them provided 12 hours pharmacy support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in Walsall to have additional pharmacy support to ensure safe and appropriate prescribing of medications and increase efficiency in repeat prescribing. The role of the pharmacists included reviewing patients on high risk medicines and those with complex needs, undertaking hypertension clinics (for patients with high blood pressure), medication reviews and medication audits to ensure prescribing was in line with best practice guidelines. For example, an audit on repeat prescribing. We spoke with one of the pharmacists who told us that there was good communication with the GPs and they were responsive to feedback.
- There were longer appointments available for people with a learning disability and mental health needs.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There were extended opening hours on Saturdays when the practice was open from 9am to 11am (booked appointments only) and patients could book appointments and order repeat prescriptions on line. This would benefit patients unable to visit the practice during the main part of the day for example, patients who worked during these hours.
- The practice demographics included a high rate of teenage pregnancy, the practice provided a full range of contraceptive services and offered sexual health screening.
- The practice was an 'Any qualified provider '(AQP) for anti-coagulation services. This enabled both patients registered at the practice and patients registered elsewhere to receive anti- coagulation monitoring at the practice in a dedicated clinic where warfarin prescription could also be issued.
- The practice held a clinic to review patients with substance misuse issues as part of a substance misuse shared care prescribing service. At the time of the inspection there were 13 patients attending the clinic, there was liaison with the substance misuse team and a key worker attended the clinic with the patient to offer support.
- The practice demographics included a high number of patients from an ethnic minority as well as an area of high deprivation. The practice engaged with the local Sikh community and one of the GPs attended the local Gurdwara (Sikh place of worship) to provide basic life support training to members of the community in conjunction with a local charity. The aim was to reduced health inequalities. Another GP worked with a local homeless charity in their own time and was looking at identifying a process for providing flu vaccinations to this vulnerable group.
- The practice had a patient participation group (PPG) and there were seven members, we spoke with four members during the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. There was evidence from meeting minutes and discussion with the members that the PPG was trying to generate interest, engage with patients and act on feedback. For example, the PPG had reviewed the last national GP survey and as a result developed its own patient survey in March 2015 to look at specific areas. Actions taken as a result of patient feedback included improving GP access, following this a new appointment system had been implemented at the practice and initial feedback suggested a drop in waiting times for appointments. The PPG had plans to review the progress of the new system by undertaking a further survey.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was a UNICEF breast feeding friendly practice and there were posters on display informing patients.

Access to the service

The practice was open from 9am to 6pm Mondays, Tuesdays, Wednesdays and Fridays. There was extended opening hours on Saturdays when the practice was open from 9am to 11am (booked appointments only). The practice was open on Thursdays from 9am to 12pm.

The practice had started a new appointment system in February 2014 known as 'Patient Access'. This was a pilot project initiated by the CCG which the practice participated in as a response to the increase demand for appointments and limited GP capacity. The system involved a GP triaging system for all routine and urgent appointments. A GP would call the patient to assess their need and provide either a telephone consultation or offer a face to face appointment. During peak times all three GPs were on duty to meet the demands. We saw that most of the complaints received by the practice were about access. However, the practice had undertaken an audit on the new system in November 2014 and found that new system had resulted in improved access to appointments. The results showed a reduction in waiting times for an appointment from five and a half days to one day and 80% of patients were seen on the same day which was up from 35%. One of the GP partners had also presented the results of the audit at a CCG development day. We looked at the appointments system and saw that at least 40% of patients who had been triaged had received a face to face appointment. The practice recognised that there were some challenges for patients who worked for example, they may be unable to answer their telephone when the GP called. The PPG was looking to undertake a survey to monitor progress of the new system.

Results from the 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly higher than the local and national averages. For example:

- 81.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.9% and national average of 74.9%.
- 92 % patients said they could get through easily to the surgery by phone compared to the CCG average of 75.5% and national average of 73%.
- 85 % patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 67 % patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.7% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice had a 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 a complaints information leaflet was available and a poster with details of the NHS complaints advocacy service was displayed in the patient waiting area.

We reviewed four complaint received within the last 12 months and found these was satisfactorily handled. Complaints were discussed with staff during staff meetings to ensure learning and reflection.

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 and this was shared with staff. Staff spoken with demonstrated a commitment to providing a high quality service.

Governance arrangements

Patients were cared for by staff who were aware of their roles and responsibilities for managing risk and improving quality. There were clear governance structures and processes to keep staff informed and engaged in practice matters. This included monthly practice staff meetings and protected learning time. This provided the opportunity to discuss significant events, complaints and share good practice.

The practice had a governance framework which supported the delivery of the practices strategy and deliver good quality care. The structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice. We looked at some of these policies and procedures and found that most had been reviewed and were up to date. However, we saw that some had not been personalised to the practice. For example, the infection control policy did not include details of the identified lead.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audits which was used to monitor quality and to make improvements for example medicine and patients access audits and audits looking at secondary care referrals and increasing the uptake of vaccinations.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. The partners encouraged a strong culture of openness and honesty. The practice developed a system to ensure that the GPs were readily accessible to staff, trainee and other health care professionals. This involved GPs keeping their doors open when not consulting with patients, a pink sign was also placed on the door when the GPs were undertaking telephone consultations to alert staff that they were available in between calls and staff could send screen messages.

Staff told us that regular team meetings were held and there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did. We noted that there were monthly practice staff meetings and protected learning time and weekly clinical meetings which included members of the multidisciplinary team. Staff said they felt respected, valued and supported 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.

The practice manager was part of the Walsall practice manager forum which enabled them to keep up to date with good practice.

The GP partners at the practice attended meetings with the local Clinical Commissioning Group (CCG) and was a board member. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. One of the GP partners had a strong leadership background with a previous role in NHS England.

The GPs had various lead roles in the practice which enabled them to support staff and keep up to date with current practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and

Are services well-led?

Good

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

complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had identified the need to raise awareness of dementia and offer information and support. As a result the practice signed up for DES (Directed Enhanced Service) for facilitating timely diagnosis and support for people with dementia. The clinical computer system identified patients who may be at risk of developing dementia, and clinical staff were then able to offer screening to patients opportunistically when they were seen at the practice. The practice staff had received dementia community friendly training and a dementia awareness stand was in place in the patient waiting area every two months to provide information and advice. The practice was a 'Dementia friendly practice'.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was progressive and forward thinking and took part in local pilot schemes to improve outcomes for patients. For example, the practice was one of two practices in Walsall who piloted the CCG pharmacy led scheme to manage repeat prescribing. The practice was also receiving a number of prescription requests in error relating to patients not registered at the practice. As a result one of the pharmacists worked with the practice to develop a system to address the issue which included highlighting repeated breaches in patient confidentiality to the information commissioner. The practice worked with local charities to reduce health inequalities for hard to reach groups. The practice was also involved in a pilot with Birmingham University to test a social care model which aimed to improve collaborative working between social care and health.