

Rangeways Road 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 Rangeways Surgery on 12 November 2015. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Staff we spoke with said they felt valued, supported and that they felt involved in the practice's plans. The practice had supported staff members through a variety of training courses. We noticed how members of the practice team were mostly long term members of staff who had been supported and promoted to take on higher roles by the management team.

- 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
- 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 equipped to treat patients and meet their needs. While we observed the premises to be visibly clean and tidy, we found that the practice did not routinely keep records to evidence that the required cleaning of specific medical equipment had taken place.

The areas where the provider should make improvement are:

- Ensure that the management of infection control is robust and reflects national guidance, including adequate record keeping to support the management of infection control.
- Ensure fridge temperatures are recorded consistently, in line with national guidance, to ensure robust maintenance of the cold chain.

Summary of findings

- Assess and manage risks associated with legionella.

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.

- There was an effective system in place for reporting and recording significant events. Staff we spoke with confirmed that significant events and learning was regularly shared with them on an informal basis.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- While we observed the premises to be visibly clean and tidy, the practice did not keep records to evidence that cleaning of medical equipment such as the equipment used for ear irrigation had taken place. Members of the nursing team confirmed that medical equipment was cleaned before and after use. Staff we spoke with assured us that cleaning records had been adapted as a priority and that these would include cleaning of medical equipment.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice had supported staff members through a variety of training courses. We noticed how members of the practice team were mostly long term members of staff who had been supported and promoted to take on higher roles by the management team.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were satisfied with the care provided by the practice and that their dignity and privacy was respected.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Results from the national GP patient survey published in July 2015 showed that patients responded positively regarding care and treatment.
- However, results relating to waiting times were below local and national averages. While some patients commented that waiting times could be long, they all commented that this was because the GPs took the time to listen to patients and ensured thorough discussions took place.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were flagged on the practices system so staff were aware of their needs.
- The GPs frequently carried out home visits for older patients and patients who would benefit from these. The practice also offered a home visit phlebotomy service for patients who may have difficulties accessing the practice.
- The practice worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Good



Are services well-led?

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

- There was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans.
- The patient participation group was active and involved in improvement projects across the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice offered a home visit phlebotomy service for patients who were elderly and for patients with mobility difficulties.
- The practice was part of a scheme in the area to help provide social support to their patients who were living in vulnerable or isolated circumstances. The practice was able to demonstrate the success of this scheme with examples of how members of the practice's older population who been living in isolated circumstances were now living more active lifestyles through attending local centres and community clubs.
- Flu vaccination rates for the over 65s was 78%, compared to the national average of 73%.

Good



People with long term conditions

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.
- Performance for overall diabetes related indicators was 91% which was above the CCG average of 88% but below the national average of 96%. One the GPs specialised in diabetes care, this included teaching patients how to safely inject insulin and closely monitoring these patients with repeat visits and phone calls. The practice nurse also specialised in managing diabetes and often referred patients for insulin initiation. Staff we spoke with felt that these factors contributed towards their QOF performance for diabetes care.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.

Good



Summary of findings

Families, children and young people

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. For example, childhood immunisation rates for under two year olds ranged from 90% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 93% to 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- 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 offered extended hours for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%.
- We noticed a number of notice boards on display in the waiting area. Each board was populated with information to a specific population group. For example, there was a notice board for adults which contained carer information and dementia awareness resources. We also saw a notice board dedicated to young adults, this contained information on sexual health services.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments at flexible times for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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 worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Good



People experiencing poor mental health (including people with dementia)

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

- There were longer appointments available at flexible times for people experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia. Performance for mental health related indicators was 88% compared to the CCG average of 87% and national average of 96%.

Summary of findings

What people who use the service say

The practice received 135 responses from the national GP patient survey published in July 2015, this was a response rate of 48%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 72% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.
- 94% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.
- 63% of patients with a preferred GP usually saw or spoke to that GP compared with the CCG average of 58% and national average of 60%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 85%.
- 95% of patients said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

However, the practice was performing below local and national average in the following areas:

- 17% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 23% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients and service users completed 25 CQC comment cards. We noticed that the 13 patients we spoke with during our inspection and the 25 completed comment cards all gave positive feedback with regards to the service provided. Some patients commented that waiting times could be long; they all said that this was because the GPs took the time to listen to patients and ensured thorough discussions took place during consultations so that patients received an effective and personalised service.

Rangeways Road 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 second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Rangeways Road Surgery

Rangeways Road Surgery is a long established practice located in the Kingswinford area of Dudley. There are approximately 5160 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners, a salaried GP, two practice nurses and a healthcare assistant. The GP partners and the practice manager form the practice management team and they are supported by a senior receptionist, two receptionists, a practice secretary and an administrator.

The practice is open between 8am and 6.30pm on Monday to Friday with appointments available from 8.30am to 6pm. Telephone consultations are provided on Thursday evenings from 6:30pm to 7pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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.

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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 12 November 2015.

- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 12 November 2015. We reviewed 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 took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns.

- The practice had a system in place for reporting incidents and near misses. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- We reviewed records of ten significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a prescription issue. The practice took remedial action straight away and the GP made suitable referrals after discussing the circumstances with the patient. A full investigation was documented on a significant event reporting template and findings were communicated to the pharmaceutical team.
- We saw that significant events were discussed with staff during a practice meeting in November 2015. However, there were no meeting agendas or minutes to demonstrate that staff meetings regularly took place prior to November 2015. Staff we spoke with confirmed that significant events and learning was regularly shared with them on an informal basis and were able to provide examples of previous significant events. The practice manager explained that they were planning to introduce regular practice meetings and that they planned to formally minute these meetings moving forward. We saw other minutes such as minutes from multidisciplinary team meetings where significant events were discussed and shared with local health teams.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. There was a lead member of staff for safeguarding. The GP attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies.
- A notice was displayed in the patient waiting area advising patients that a chaperone service was available, if required. The nursing staff acted as chaperones and we saw that they had received a disclosure and barring check (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. Two members of the reception team were also due to attend chaperone training in January 2016. The practice manager advised us that DBS checks were in progress for these staff members and that these would be completed in advance of any chaperone duties once they had been trained.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. These included a colour coded mop system to prevent cross contamination when cleaning different areas of the practice.
- We saw a weekly cleaning schedule to record required and completed cleaning specifications within the practice. This was a laminated schedule which was wiped clear at the end of each week. While we observed the premises to be visibly clean and tidy, the practice did not keep records to evidence that cleaning of medical equipment such as the equipment used for ear irrigation had taken place. Members of the nursing team confirmed that medical equipment was cleaned before

Are services safe?

and after use however cleaning records were not kept to evidence this. Staff we spoke with assured us that cleaning schedules would be adapted to include cleaning of medical equipment as a priority.

- We saw calibration records to ensure that clinical equipment was checked and working properly
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines such as warfarin which required regular blood monitoring in accordance with national guidance. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use.
- Regular medicine audits were carried out with support from the practice based pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice also worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a week. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was lower than the national average for medicines such as antibacterial and Non-Steroidal Anti-Inflammatory medicines and for prescribing certain types of antibiotics.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance, however we did see some gaps in the recording of the fridge temperatures. Fridge temperatures were recorded by the practice nurse but no contingency had been put in place in their absence. We spoke with a member of the nursing team who assured us that this would be raised with the wider practice team to ensure temperatures are consistently recorded moving forward. The nurse advised us that the process would be improved to ensure responsibility was delegated to other staff members on the days when the nurse was not working.

- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We viewed six staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy in place and the practice had risk assessments in place to monitor safety of the premises including fire risk, control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place. The practice manager explained that actions were identified in relation to the legionella risk assessment which was carried out in July 2014, however these actions had not been addressed or completed. The practice manager advised that the risk assessment was facilitated by a previous practice manager and that the actions had recently been identified prior to our inspection. The practice manager shared records to demonstrate that they contacted a service on 11 November 2015 in order to arrange for an up to date legionella risk assessment to be completed.
- 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. The practice used regular

Are services safe?

locum GPs through a locum agency to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

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 patient 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. Current results from 2014/15 were 95% of the total number of points available, with 3% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 88% compared to the CCG average of 87% and national average of 96%.
- Data showed that diagnosis rates for patients with a dementia were 100%, with an exception rate of 20%.
- Performance for overall diabetes related indicators was 91% which was above the CCG average of 88% and below the national average of 96%. One of the GPs specialised in diabetes care, this included teaching patients how to safely inject insulin and closely monitoring these patients with repeat visits and phone calls. The practice nurse also specialised in managing diabetes and often referred patients for insulin initiation.

Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment. We saw evidence of six clinical audits completed in the last year. Four of these were full cycle audits and two were due to be re-audited. The completed audits demonstrated how improvements were identified, implemented and monitored. For example, we saw that two sets of audits were completed in January 2015 and August 2015 regarding the prescribing of medicines used to treat asthma and Chronic Obstructive Pulmonary Disease (COPD). COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Following the audit the GPs carried out medication reviews for patients on high dose steroid inhalers and altered their prescribing practice to ensure it aligned with national guidelines.

The practice also completed audits on minor surgery; to check for consent, infection rates and post-op antibiotic prescribing rates. The audits highlighted how the practice ensured that all patients signed consent forms for minor surgery. The audit made reference to the practice's consent process and we saw that protocols instructed GPs to give a full description, discuss other options and explain risks to patients considering or receiving minor surgery. The audit in June 2014 identified two patients who required post-op antibiotics; findings highlighted how this was due to isolated circumstances and did not relate directly to the minor surgery procedures. The practice decided that an audit to assess infection rates would be beneficial following the initial audit in June 2014. A second audit was completed by the nurse and GP in November 2015. This audit showed an infection rate of 0% and no patients required post-op antibiotics.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had

Are services effective?

(for example, treatment is effective)

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).

- Staff received ongoing training that included: safeguarding, fire safety awareness and basic life support. In addition to in-house training, staff made use of e-learning training modules. Staff had the option to complete e-learning modules during protected learning time or at home, staff could take time back for time spent on e-learning modules at home.
- The practice had supported staff members through a variety of training courses. For example, the practice manager had recently completed a level five diploma in primary care management and the healthcare assistant was being supported through a level five assistant practitioner diploma. A member of the reception team was being trained as a healthcare assistant with weekly support from the nursing team. Receptionists had also completed courses in care management and customer services.
- We noticed that members of the practice team were mostly long term members of staff who had been supported and promoted to take on higher roles by the management team. For example, the practice manager was promoted from their previous role as senior receptionist; a member of the reception team explained how they completed their work experience at the practice and then applied for a permanent role once they left full time education. The healthcare assistant also worked as a receptionist prior to completing their healthcare assistant training.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used the services. All 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' 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 were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings took place, with regular representation from a wide range of health and social care services including health visitors, district nurses and community mental health nurses. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

The practice had made use of the gold standards framework for end of life care (GSF). It had a palliative care 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 multidisciplinary and dedicated GSF meetings to discuss the care and support needs of patients and their families. The GPs we spoke with told us how their mobile phone numbers were given to families and carers of terminally ill patients to provide support during the end of life period. The GPs also informed the district nurses of this.

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, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. 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 alcohol cessation.

The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 83%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 90% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 78%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 56%, compared to the national average of 52%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 25 CQC comment cards, all of the cards contained positive comments about the service experienced. Comments described the service as good and staff were described as compassionate, respectful and caring. We also spoke with 13 patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

- 94% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Patients we spoke with on the day of our inspection and the completed comment cards highlighted how the GPs took the time to carefully explain information on diagnosis and treatment options during consultations with patients. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 1% of the practice list had been identified as carers. The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also had a notice board containing supportive advice for carers and signpost information to other services. GPs also offered home visits to carers who were in need of support.

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

The practice also supported patients by referring them to a gateway worker from the local mental health trust who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

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 CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances. Since the practice joined the pilot scheme (approximately since January 2015), they had started to identify patients who may be living in isolation, patients who may feel lonely and patients who would benefit from additional support from the GPs and through the Integrated Plus scheme. The practice team completed a presentation for the inspection team on the morning of the inspection visit. During the presentation the practice shared an Integrated Plus newsletter which highlighted a success story about a patient who had benefited from the scheme after being referred to Integrated Plus by the practice's GPs. The practice manager shared three further success stories during our inspection. These cases related to members of the practice's older population who had either been living in isolated circumstances or living generally inactive lifestyles. Each case demonstrated how these patients were provided with guidance and individual support from the GPs and Integrated Plus scheme. The practice had received positive feedback relating to each patient, we saw how this highlighted that the patients were no longer feeling isolated and living more active lifestyles through attending local centres and community clubs. Feedback also noted how the patients were feeling happier.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.

- The GPs frequently carried out home visits for older patients and patients who would benefit from these. Patients we spoke with on the day of our inspection commented on how the GPs took the time to visit patients at home when needed.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system.
- The practice operated a fast access system for patients with a suspected urinary tract infection (UTI). Patients were given a specific UTI form to complete when giving a urine sample. This form was analysed by the clinical team to identify and follow up on patients who were at risk of developing a UTI.
- The practice did not offer an in-house phlebotomy service however they did offer a home visit phlebotomy service for patients who were elderly and for patients with mobility difficulties. This service was carried out by their healthcare assistant with support by the practice nursing team.

Access to the service

The practice was open between 8am and 6.30pm on Monday to Friday with appointments available from 8.30am to 6pm. Telephone consultations were provided on Thursday evenings from 6:30pm to 7pm. The practice also offered appointments with the practice based pharmacist for patients who wished to discuss their medication. These appointments were available from 1pm to 5pm on Thursdays. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed mixed responses regarding access to care and treatment. The practice was performing above local and national averages in the following areas:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

However, the practice was performing below local and national average in the following areas:

- 17% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 23% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

We noticed that the 13 patients we spoke with during our inspection and the 25 completed comment cards all gave positive feedback with regards to the service provided and while some commented that waiting times could be long. Patients commented that this was because the GPs took the time to listen to patients and ensured thorough discussions took place during consultations so that patients received an effective and personalised service.

The management team were aware of the survey results and waiting times was identified as an area for improvement during the practices presentation. The GPs explained that they were aiming to improve this rate and that they were working with a GP from the local clinical commissioning group to develop strategies for improvements without compromising the quality of care delivered during consultations.

Listening and learning from concerns and complaints

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

- The practice's 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 posters and leaflets were available to help patients understand the complaints system.
- We noticed a complaint handling flow chart was available to staff behind the reception desk. Staff we spoke with told us that concerns were mostly resolved at first point on reception either by the reception supervisor, practice manager or GPs.

We looked at one complaint received in the last 12 months and found that this was satisfactorily handled. For example, we saw how the practice had responded to a complaint relating to a minor surgery procedure. The information highlighted that appropriate actions were taken as a result of the complaint and that the practice demonstrated openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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's vision was to deliver high quality care to patients and to maintain a highly skilled workforce who can continue to deliver effective care to patients. We spoke with eight members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they felt involved in the practice's plans.

We noticed how a member of staff from each team was included in the practice presentation at the beginning of the inspection; the presentation was delivered in sections by two GPs, a practice nurse, the healthcare assistant and the practice manager. During the presentation the team explained how the patient list size had outgrown the premises and they were therefore planning on extending the practice to create two more consultation rooms. The practice manager shared plans to support this and we noticed how the healthcare assistant had also been involved in developing a business case as part of the practice's extension plans. This contributed towards the practice receiving an improvement grant to support the extension of the premises. The extension was due to commence in the spring of 2016.

Governance arrangements

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

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

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The team encouraged a culture of openness and honesty. They were visible in the practice and staff commented that the management team were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice held meetings between different staffing groups, however we found that these meetings were not always documented through agendas and minutes were not completed to reflect the topics discussed. We were informed that the GPs and the practice manager met on a weekly basis and that all staff meetings had started to take place from November 2015, we saw minutes to reflect this meeting. Staff we spoke with explained that they communicated on a daily basis as they were part of a close team.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG of 26 members, the PPG met as a group every two to three months and we saw minutes which reflected these meetings. We spoke with three members of the PPG including the PPG chair during our inspection. The PPG members shared examples of the patient questionnaires they developed with the practice, reports where they analysed the results and action plans they developed as a group. Some of the actions completed included the development of a user guide to show patients how to access and use the practice's online services. Other improvements included the installation of an air-conditioning unit in the patient waiting room as a result of patient feedback when attending the practice in the summer months.
- The PPG assisted with the practice's flu clinics by welcoming patients and providing them with resources and information on flu vaccinations. The PPG members

Are services well-led?

Good 

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

explained how during flu clinics they were stationed at various points in the practice to ensure patients knew which room they needed to attend. The practice also took this opportunity to provide mini health checks to patients once they had received a flu vaccination, the PPG promoted this and guided patients through the process. The PPG members explained how they received positive feedback from patients on the day and they advised that some patients received immediate care and onward referral as a result. For example, patients with high blood pressure were identified and seen by the GP on the day.

- We noticed a number of notice boards on display in the waiting area. Each board was populated with information to a specific population group. Each board had a clear title, for example there was a notice board for adults which contained carer information and dementia awareness resources. A board for families with young children displayed information on pregnancy care and healthy lifestyle information. We saw a notice board dedicated to young adults, this contained information on sexual health services. There was also a seasonal health notice board which promoted the practice's flu clinics and information on the flu vaccination.

Continuous improvement

At the beginning of our inspection the management team carried out a presentation. Plans for the future were

discussed with the inspection team during the practices presentation. The management team explained how they were looking to expand on the current clinical team by recruiting an additional salaried GP once the practice completed the extension of the premises in 2016. The management team explained that if they were to be unsuccessful in recruiting an additional salaried GP, they would consider recruiting either a physician's associate or an advanced nurse practitioner.

The practice had developed a number of additional patient satisfaction questionnaires. For example, the clinical team at the practice had also developed a patient satisfaction questionnaire specific to minor surgery, the nurse shared a draft version of the questionnaire with the inspection team and explained how this was due to be rolled out in practice to assess the minor surgery service and overall satisfaction rates. The practice manager shared a questionnaire which had recently been developed to focus on communication needs. This was developed to identify areas where communication with patients could be improved on, such as information in larger print for patients with visual impairments or sign language for patients with a hearing impairment. This was a new questionnaire and the practice team was in the process of collating the responses.

The practice planned to begin electronic prescribing in February 2016 to improve the prescription process for patients and staff.