

Halesowen Medical Practice

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 Halesowen Medical Practice on 20 January 2017.

Overall the practice is rated as good.

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

- Throughout our inspection we noted a strong theme of positive feedback from patients and staff. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- We saw that when significant events were formally recorded, they reflected a best practice process. The practice as a whole encouraged a culture of openness and honesty and staff at all levels were supported and encouraged to raise concerns. There was a nominated staff member as a 'freedom to speak up' guardian, this enabled staff to feel confident in speaking freely, safely and in confidence.
- The practice was proactive in identifying patients with complex health conditions. The practice used effective

principles to streamline processes. Staff effectively monitored quality and collated and analysed information to support practice capacity and service demand.

- We saw how the practice maximised use of their IT system in an innovative way to develop effective pathways within their patient record system. This included the development of an effective recall system where patients were called in to the practice for monitoring and reviews, based on their conditions and personal needs. Practice data highlighted that 98% of their patients with a long term condition had received a medicines review within the last 12 months.
- The practice took a proactive approach to understanding the needs of their patients who were carers. Due to ongoing work to identify and support carers, the practice's carers register had steadily increased from 1% to 3% since 2015 and carers were offered support and regularly reviewed by the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make

Summary of findings

improvements. This was with the exception of the minor surgery infection control audit, which did not demonstrate actions taken as a result of improvements identified.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients, staff and from the patient participation group (PPG).
- The PPG regularly carried out fund raising for the practice through practice events and practice raffles. The monies raised were invested in to the practice through purchasing medical equipment to benefit patients. Equipment purchased was often as a result of feedback from staff. For example, staff had identified that blood pressure monitors would be useful for patients who required monitoring at home.
- We observed the premises to be visibly clean and tidy. There were accessible facilities for patients with mobility needs and translation services available at the practice. The practice also had a portable hearing loop; staff explained how the GPs were able to take this on home visits whilst visiting patients with hearing difficulties.

- The practice had a clear vision which had quality and safety as its top priority. The practice team was forward thinking and the practice was involved in a number of local pilot projects developed to respond and meet people's needs.
- The practice had a regular schedule of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care.

The areas where the provider should make improvements are:

- Continue to ensure that records are kept to support monitoring of emergency equipment and effective management of uncollected prescriptions.
- Ensure systems are in place to monitor and improve infection control procedures. This should include acting on findings of audits and maintaining records that demonstrate cleaning of all equipment and practice carpets.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- We saw that when significant events were formally recorded, they reflected a best practice process. There was a strong learning culture throughout the practice and significant events, incidents and complaints were used as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- We observed the premises to be visibly clean and tidy. We saw that the practice had identified areas for improvement as a result of an infection control audit specific to the minor surgery room. However, the audit did not include a plan of action or detail what steps the practice would take to improve.
- There were arrangements in place to help deal with medical emergencies and major incidents. Although staff we spoke with were aware of where the practices emergency medicines were located, we found that the location of the emergency medicines were disjointed in areas.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used lean principles to streamline processes and we saw how the practice made use of their IT system in an innovative way to develop effective pathways within their patient record system. These systems were also developed to support staff to assess patient needs and deliver care in line with current evidence based guidance.
- The practice was proactive in using innovative methods to improve patient outcomes. One of the GP partners had successfully developed an effective recall system which was developed to call patients for reviews based on the level of need and the level of risk. During our inspection we saw examples of how this was working well in practice and improved outcomes for patients.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members had lead roles across a range of areas. Staff were committed to working collaboratively with other services and healthcare professionals.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect.
- Feedback from patients about their care was consistently positive; this was evident in completed comment cards, survey results and feedback on the practice's NHS Choices web page.
- The practice took a proactive approach to understanding the needs of different groups of people, this included identifying carers in order to offer them support where needed. The practice's computer system alerted GPs if a patient was also a carer, there were 276 carers on the practice's register and 3% of the practice's list had been identified as carers.
- The practice worked in conjunction with the Dudley Carers Association and Healthwatch Dudley to ensure that carers received effective support. The practice also supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- The practice was proactive in identifying patients with complex health conditions. The practice operated an effective recall system where patients were called in to the practice for monitoring and reviews, based on their conditions and personal needs.

Good



Summary of findings

- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- A hospital outreach phlebotomy (taking blood for testing) service was available in the practice; appointments were made through the hospital. We saw that service information was detailed in the practices leaflet which included information about other hospitals where patients could also walk in and wait for a phlebotomy test.
- The practice offered an online blood pressure monitoring clinic. Patients who were identified as being able to monitor their blood pressure at home were provided with a monitoring device and could submit their results electronically. These results were processed and followed up by a GP.

Are services well-led?

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

- The practice had a clear vision to provide high quality primary medical services to patients in a safe, effective and responsive manner. Staff spoken with demonstrated a commitment to delivering the vision. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff spoken to told us of the positive culture at the practice and was proud to be a part of the practice team.
- The practice as a whole encouraged a culture of openness and honesty and staff at all levels were supported and encouraged to raise concerns. There was a nominated staff member who was a 'freedom to speak up' guardian in the practice. This role provided support and assurance to staff for them to feel confident in speaking freely, safely and in confidence.
- The practice had a regular schedule of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Themes from significant events, incidents and complaints were reviewed in practice meetings, clinical governance meetings and PPG meetings.
- The practice used lean principles to streamline processes. Staff effectively monitored quality and collated and analysed information to support practice capacity and service demand.
- The practice gathered feedback from patients using new technology, and had a very engaged patient participation

Good



Summary of findings

group (PPG) which influenced practice development. The PPG regularly carried out fund raising for the practice through practice events and practice raffles. The monies raised were invested in to the practice through purchasing medical equipment to benefit patients.

- There was a strong emphasis on continuous improvement. Although practice surveys results were positive, the practice still reviewed and analysed their results from internal and external patient surveys and implemented changes to improve further.
- The practice actively reviewed and responded to patient feedback on the practices NHS Choices webpage. In addition to patient feedback, the practice encouraged and acted on feedback from staff. We also saw that where staff suggestions were made, changes were being implemented in conjunction with these.
- The practice team was forward thinking and involved in a number of local pilot projects developed to respond and meet people's needs.

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. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients aged 95 and over were automatically added to the practices vulnerable patient register. All patients on the vulnerable patient register had a care plan in place. There was a lead for care planning in the practice that actively monitored hospital discharges and followed up on vulnerable patients within a week of being discharged from hospital.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery
- The practice also monitored patients without a long term condition, who were aged 75 and over and not seen by a clinician within a 12 month period. These patients were contacted and given the option of a consultation and a health check.

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 92%, compared to the CCG average of 86% and national average of 89%.
- One of the GP partners had successfully developed an effective review and recall system to call patients based on the level of need and the level of risk. Patients with long term conditions or comorbidities had their conditions coded on their records to ensure they were managed based on need. Patients with the

Good



Summary of findings

most need were seen as a priority. Data provided by the practice highlighted that 98% of patients with a long term condition had received a medicines review within the last 12 months.

- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. 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.

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.
- Childhood immunisation rates for under two year were at 100% compared to the national average of 90%. Immunisation rates for five year olds were ranged from 95% to 97% compared to the CCG average of 87% to 93%.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- The practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 80% and national averages of 81%.
- Information was made available to patients in a variety of formats; the practice also provided information according to each population group. For example, the practice had developed a folder for young people containing information on services available and how to access specific care and support if needed.

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 practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- Practice data highlighted that they had identified and offered smoking cessation advice and support to 37 of their patients and 54% had successfully stopped smoking.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice was also taking part in the Sense.ly app pilot. This was a downloadable application where patients could access appointment booking and a nurse triage system through devices such as smart phones and tablets. The outcome of the assessments resulted in advice which could include an appointment request or onward referral to other health care services.
- The practice also offered an online blood pressure monitoring clinic. Patients who were identified as being able to monitor their blood pressure at home were provided with a monitoring device and could submit their results electronically. Staff explained how this improved access to care, particularly for working age patients who couldn't always attend in surgery hours.

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 took a proactive approach to understanding the needs of different groups of people, this included identifying carers in order to offer them with support where needed. As a result, the carers register had increased from 140 coded carers (1%) in January 2015, to 276 carers on the carers register in January 2017 and 3% of the practices list had been identified and offered carer support
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help provide social support to t patients who were living in vulnerable or isolated circumstances.

Good



Summary of findings

- There were accessible facilities for people with mobility needs and translation services available at the practice. The practice also had a portable hearing loop; staff explained how the GPs were able to take this on home visits whilst visiting patients with hearing difficulties.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- The GPs carried out weekly ward rounds for their patients at a local advanced dementia nursing home. These patients were monitored during multidisciplinary team meetings, they were on the practice's admission avoidance register and all had care plans in place.
- 83% of patients diagnosed with dementia had their care plans reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average of 78% and national average of 82%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The practice received 103 responses from the national GP patient survey published in July 2016, 225 surveys were sent out; this was a response rate of 46%. The results showed the practice received mostly positive responses across a number of areas in the survey. For example:

- 81% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 91% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 89% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with nine patients during our inspection including three members of the patient participation group (PPG). Service users also completed 13 comment cards. Patients and comment cards gave positive feedback with regards to the service provided. Staff were described as friendly and helpful.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue to ensure that records are kept to support monitoring of emergency equipment and effective management of uncollected prescriptions.

- Ensure systems are in place to monitor and improve infection control procedures. This should include acting on findings of audits and maintaining records that demonstrate cleaning of all equipment and practice carpets.

Halesowen Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Halesowen Medical Practice

Halesowen Medical Practice is a long established practice located in the Halesowen area of Dudley, in the West Midlands. There are approximately 9,515 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 three female GP partners and two male GP partners. There is also a female salaried GP, a senior nurse and prescriber, two practice nurses and two health care assistants. The GP partners and practice manager form the management team and they are supported by a team of 18 support staff who cover reception, secretarial and administration roles. The practice is also an approved training practice and provides training to GP Registrars (qualified doctors training to become GPs). At the time of our inspection there were two GP Registrars in post.

The practice is open for appointments between 8am and 6:30pm during weekdays. 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 inspected this service as part of our new comprehensive inspection programme.

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

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

Detailed findings

- 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)

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 20 January 2017.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practices 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 reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. There were some systems in place for reporting incidents, near misses and patient safety alerts, as well as comments and complaints received from patients. We noted that when significant events and incidents were recorded, they were well managed, thoroughly investigated and learning was well embedded.

The evidence we viewed during our inspection indicated that when significant events were formally recorded, they reflected a best practice process. However, we found that the practice was not formally logging some positive events. For example, during our inspection staff described how they responded effectively to recent medical emergencies when patients had deteriorated in the waiting room. Staff told us that some of these instances resulted in ambulances being called for patients. We noted that whilst these incidents were well managed, the practice had not included them in their significant event or incident reporting process and were potentially missing opportunities to share learning and reflect on good practice.

The practice had recorded 22 significant events that had occurred during the previous 12 months. Significant event records were well organised, clearly documented and continually monitored. We also noted how some significant events triggered practice audits and as a result changes were implemented to improve systems, patient safety and care. For example, we saw how a significant event was raised on identifying that a GP registrar had not adhered to local antibiotic prescribing guidelines. This also resulted in an antibiotic prescribing audit and led to a prescribing alert being added onto the practice's patient record system.

Staff monitored themes and reflected on significant events and incidents during weekly practice meetings. The practice also circulated significant event findings and shared learning soon after each event or incident that had occurred. We saw examples of records circulated to staff on the same day in which significant events and incidents occurred. Records included reminders, actions and shared learning to prevent recurrence.

Furthermore, significant events and incidents were monitored every six months during clinical governance meetings in order to identify and manage any recurring themes. We saw minutes of meetings which supported this.

Overview of safety systems and processes

- The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. For instance, safety alerts were disseminated by the practice manager and there was a system in place to track and monitor the alerts. We discussed examples of specific alerts that were appropriately disseminated and acted on in the practice. For example, we saw records to confirm that the practice had checked their emergency medicines in relation to a specific medicine recall.
- The practice had clearly defined and embedded systems in place to keep people safe and safeguarded from abuse. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. We noted that staff had access to a well-structured safeguarding page on their intranet which contained safeguarding resources, policies and access to training material. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- One of the GP partners was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings and provided reports where necessary for other agencies. We also saw that safeguarding was covered each month during the practice's multidisciplinary team (MDT) meetings.
- Staff we spoke with demonstrated that they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- We viewed five 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 and Disclosure and Barring Service (DBS) checks. (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).

Are services safe?

- Notices were displayed to advise patients that a chaperone service was available if required. The practice nurses and the health care assistant would usually act as chaperones; members of the non-clinical team did not act as chaperones. We saw that DBS checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We observed the premises to be visibly clean and tidy. On the day of our inspection we saw that practice cleaning specifications and completed cleaning records were in place. However, we noted some gaps in record keeping that would provide assurance of cleaning of specific areas and items. This included the cleaning of keyboards deep cleaning of carpets (in consulting rooms (there were no carpets in treatment rooms) and cleaning of equipment such as blood pressure machines and the nebuliser. A nebuliser is a device that allows you to breathe in medication through a mask or mouthpiece.
- Shortly after our inspection we saw that the practice had developed a more effective schedule to record and monitor cleaning of equipment. We saw records to support this and they included cleaning of key boards and specific equipment such as blood pressure machines and the nebuliser. We also saw that the practice had contacted a professional cleaning company to complete a deep clean of the practice carpets. In addition to this, the practice shared records of an improved cleaning schedule indicating that carpets would be deep cleaned every six months until they could be replaced with vinyl flooring.
- The senior nurse was the infection control lead. There was an infection prevention control protocol in place. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- We saw records of an infection control audit carried out in February 2016; we noted that the practice had identified some areas for improvement specific to the minor surgery room. For example, audit findings highlighted that there was no designated dirty utility area in the minor surgery room. Although we saw that the room used for minor surgery was visibly clean and there were systems in place to reduce cross infection. There was no action plan or detail of what steps the practice would take to improve. During our inspection the infection control lead explained that an external infection control audit was due at the end of January 2017 by the infection control team at the clinical commissioning group (CCG). The practice was awaiting the outcome of this to ensure they were able to obtain feedback on all areas for improvement.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- We saw calibration records to ensure that clinical equipment was checked and working properly. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection saw that temperatures were logged in line with national guidance.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and the practice followed an appropriate system to monitor and track their prescriptions.
- On the day of our inspection we found that the practice did not follow an effective process for monitoring and following up on uncollected prescriptions. Staff explained that uncollected prescriptions were checked on a regular basis and that those exceeding a six month period were securely disposed of. This highlighted that some prescriptions requiring collection were not brought to the attention of a clinician or followed up appropriately and in a timely manner. We saw evidence of this during our inspection as we found that two uncollected prescriptions dated back to September and November 2016. Although staff we spoke with explained that patients would have likely received their medication, there were no entries on one of the two records to clarify that this was the case.
- Shortly after our inspection we saw that the process for effectively managing uncollected prescriptions was discussed with staff during a practice meeting and there

Are services safe?

were minutes to support this. We saw that the process was reiterated with staff and staff were informed to notify the GP on duty of any uncollected prescriptions when checking for them each month.

- There were effective systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs. Patients prescribed of high risk medicines were monitored and reviewed. The practice also held stocks of a controlled drug (medicines that require extra checks and special storage because of their potential misuse). There were procedures in place to manage the controlled drug safely.
- We saw evidence that the practice nurses had received appropriate training to administer vaccines. Practice nurses administered vaccines using patient group directions (PGDs). 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. The health care assistant was trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. We saw evidence to support this during our inspection.
- The senior nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The health care assistant also received mentorship and support from the senior nurse. There was a programme of competency assessments in place enabling the senior nurse and one of the GPs to regularly review the duties undertaken by the health care assistant. This ensured they remained safe and effective and furthermore, identified if additional training and support was needed.

Monitoring risks to patients

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. Staff we spoke with explained that the clinical and non-clinical staff often covered each other if they were

away from the practice, for instance during annual leave. We noted that staff were also able to view rotas on the practice intranet; this enabled them to plan ahead and source cover if needed.

Members of the management team explained that they rarely needed to use locum GPs to cover GP absences. They had previously used regular locum GPs sourced from two locum agencies for a period between September and November 2016 whilst one of the GP partners was on leave from the practice. Locum records showed that appropriate recruitment checks had been undertaken prior to employment.

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises, fire risk and risks associated with the control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were also appointed fire and safety leads in place who lead on areas for health and fire safety. We saw records to show that regular fire alarm tests and fire drills had taken place.

Arrangements to deal with emergencies and major incidents

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.
- There was a system in all the treatment rooms and on the practices computer system which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and two oxygen cylinders 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.
- Staff explained that emergency equipment and emergency medicine was regularly checked and records were kept to demonstrate this, we saw that this included regular checks of the defibrillator and oxygen cylinder levels. However during our inspection we found that the practice was not effectively monitoring expiry

Are services safe?

dates on the two oxygen cylinders. Although the oxygen cylinders contained adequate levels of oxygen, we found that the cylinder dates had expired in 2013 and 2015.

- Shortly after our inspection we received evidence from the practice to that confirmed that the two oxygen cylinders were replaced. We also saw evidence supporting that the practice incorporated expiry dates in to a more effective monitoring programme. The practice manager assured us that expiry dates would now be monitored regularly.

- Emergency medicines were accessible to staff in secure areas of the practice. Although staff we spoke with were aware of where the practices emergency medicines were located, we found that the location of the emergency medicines was disjointed in areas. For example, the emergency medicine used to treat suspected bacterial meningitis and the emergency medicine used to treat acute severe asthma or severe or recurrent anaphylaxis was kept in a separate room away from the other emergency medicines.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. During our inspection we saw how the practice maximised use of their IT system to develop effective pathways within their patient record system. These systems were based on recognised clinical guidelines and enabled staff to follow streamlined processes and easily access evidence based guidance and standards such as NICE guidelines.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. Patients aged 95 and over were automatically added to the practices vulnerable patient register. All patients on the vulnerable patient register had a care plan in place and a member of the nursing team was nominated as the lead nurse for care planning. The care planning lead actively monitored hospital discharges and contacted vulnerable patients when they discharged from hospital. This process enabled the nurse to contact the patient and update their care plan based on their individual needs within one week of being discharged from hospital. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

Up until April 2016, 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 2015/16 were 98% of the total number of points available, with 10% 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 5% exception reporting.

- Performance for mental health related indicators was 100%, with 17% exception reporting. We discussed this exception rate with members of the clinical team and staff we spoke with confirmed that they followed the appropriate process for exception reporting; including exception reporting of patients who refused to attend on at least three occasions within 12 months.
- 83% of patients diagnosed with dementia had their care plans reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average of 78% and national average of 82%.
- Performance for overall diabetes related indicators was 92%, compared to the CCG average of 86% and national average of 89%.

During our inspection we noted that the practice was actively using and frequently monitoring the Dudley clinical commissioning group's long term condition framework. This local framework replaced QOF for Dudley practices that opted in to pilot the local quality framework from October 2015 and from April 2016; this practice began piloting the local framework in April 2016. Information provided by the CCG also demonstrated that the practice was effectively using the framework.

During our inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. We noted that there was a strong focus on effectively coordinating patient care within the practice. During our inspection members of the management team described how they had developed smart systems to streamline processes and we saw how the practice made use of their IT system to develop effective pathways within their patient record system, for example:

- One of the GP partners had successfully developed an effective recall system which operated alongside the local quality framework. This recall system was developed to call patients in based on the level of need and the level of risk, during our inspection we saw examples of how this was working well in practice.
- The recall system was also supported by effective coding across various population groups. For instance, patients with long term conditions or comorbidities were coded to ensure they were managed based on

Are services effective?

(for example, treatment is effective)

need and patients with the most need were seen as a priority. Practice data highlighted that 98% of their patients with a long term condition had received a medicines review within the last 12 months.

- The system was developed in line with recognised clinical guidelines, including National Institute for Health and Care Excellence (NICE) to ensure that coding was clinically safe and appropriate. We also noted that prescribing guidelines were also factored in to pathways and templates developed on the practices patient record system. As a result, specific pop up alerts were created to remind clinicians to adhere to formulary guidelines.
- The practice developed built in safety measures on their patient record system to warn staff of when they needed to seek assistance. For instance, health care assistants were notified to gain assistance when dealing with a patient with extremely high blood pressure. We also saw templates developed within the patient record system to prompt clinicians to assess risk areas such as stroke risk, for patients who were prescribed certain medicines such as medicines used to prevent blood clots.
- The development of the in-house pathway system also included a function to automatically generate diary dates to ensure patients were followed up within a specific time frame. For instance, we saw that when patients were issued medication for prostate cancer treatment the system generated a diary entry for 12 weeks' time with the patients GP to ensure safety and continuity of care.
- The practice continually tested and monitored these systems to ensure continued safety, effectiveness and to check and act on any systematic errors. The practice also surveyed patients to gather feedback on how this approach worked for them. Additionally, these internal systems were planned in partnership with the practices patient participation group (PPG).
- Practice data also highlighted that the recall system was working well. For example, all of the practices patients with hypertension and patients with Chronic Obstructive Pulmonary Disease (COPD) had been called in for a face to face review within 12 months. This data was consistent across all population groups.

Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and

improve quality and patient outcomes. The practice worked closely with three pharmacists from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacists 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 similar to the national average for medicines such as antibiotics and hypnotics.

The practice shared records of two completed prescribing audits which had been repeated to demonstrate improvement. We looked at records of an audit focussing on antibiotic prescribing across common community acquired infections in primary care. The aim of the audit was to assess and ensure that the most appropriate antibiotics were prescribed for common community acquired infections at the practice. The completed audit highlighted an improvement for specific areas of prescribing, for instance records noted that prescribing was appropriate and had improved for patients presenting with a chest infection of tonsillitis. Chest infection appropriate prescribing had improved from 18% to 42% and appropriate prescribing for patients with tonsillitis had increased from 37% to 41%. The practice recognised the need to continue to improve and implemented an action plan with plans to repeat the audit further in 12 months' time. Actions included improved access to prescribing guidelines, ensuring coding is accurate to support the audit process and a tutorial was offered on antibiotic prescribing for new doctors to improve awareness locally. Furthermore, during our inspection we noted that specific prescribing guidelines were factored in to the practices patient record system for common conditions. For example, specific pop up alerts were created to remind clinicians to adhere to formulary guidelines when prescribing medicines to treat chest infections and tonsillitis.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as sexual health, diabetes, acupuncture, cardiovascular health and chronic disease care.
- The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend wound care training and updates on immunisations, cervical screening and diabetes care. Members of the

Are services effective?

(for example, treatment is effective)

non-clinical team had been supported to attend conflict resolution training and training on information governance. Staff made also use of e-learning training modules.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- Staff received annual appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses.

Coordinating patient care and information sharing

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 of multi-disciplinary team (MDT) meetings which took place on a monthly basis. There was regular representation from other health and social care services at these meetings. 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. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw that the practice's palliative care register was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Furthermore, vulnerable patients and patients with complex needs were regularly discussed during the MDT meetings.

Consent to care and treatment

- Patients' consent to care and treatment was 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. We also noticed that the Mental Capacity Act formed part of the agenda on the practice's clinical governance meetings. We saw minutes of the most recent clinical governance meeting in January 2017 where staff covered relevant consent and decision-making requirements of legislation and guidance.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported 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 alcohol cessation.

- Practice data highlighted that they identified and offered smoking cessation advice and support to 37 of their patients and 54% had successfully stopped smoking.
- 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.
- Practice also monitored patients without a long term condition, who were aged 75 and over and not seen by a clinician within a 12 month period; these patients were contacted and given the option of a consultation and a health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support.

Are services effective? (for example, treatment is effective)

- The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 80% and national averages 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. Breast cancer screening rates for 2014/15 were at 74% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 57% compared to the CCG and national averages of 57%.
- 2015/16 childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds were at 100% compared to the national average of 90%. Immunisation rates for five year olds were ranged from 95% to 97% compared to the CCG average of 87% to 93%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- During our inspection we saw that members of staff were friendly and helpful to patients both attending at the reception desk and on the telephone.
- We saw 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 room was always offered to patients who wanted to discuss sensitive issues or appeared distressed. There was also a notice in the waiting room to ask patients to wait behind the line so to avoid overhearing private conversations at the reception desk.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the national GP patient's survey (published in July 2016) highlighted that patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with nine patients on the day of our inspection including three members of the patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected. Staff were described as friendly and helpful. We received 13 completed CQC comment cards, patients and carers commented positively with regards to the care and treatment provided and staff across the practice were described as caring.

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. Some patients highlighted that the GPs often took the time to explain information, that they felt involved in decisions about care and never felt rushed during consultations. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

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 supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice. The practice also proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.
- The practice took a proactive approach to understanding the needs of different groups of people, this included identifying carers in order to offer them with support where needed. The practice had previously identified that carers were not always effectively coded on the patient record system. Staff explained that this

Are services caring?

was discussed in detail and the team had focussed on applying appropriate coding. Staff were also encouraged to identify carers to offer them support and we saw meeting minutes which supported this. Members of the management team explained how practice nurses opportunistically identified carers to ensure they were captured on the system, for instance nurses recorded carers when monitoring care plans and during flu clinics.

- Practice data demonstrated how the carers register had increased from 140 coded carers (1%) in January 2015, to 276 carers on the carers register in January 2017, therefore 3% of the practices list had been identified as carers.
- We saw that the practices new registration form asked new patients if they were a carer., There was a carers pack and a carers protocol in place. The practice applied reminders to patient record systems to ensure that staff were aware of carers in order to offer them support where needed. The practice offered annual reviews and flu vaccinations for anyone who was a carer.
- The practice had invited the Dudley Carers Association to several of their flu clinics during the winter months. This was used as an opportunity to recognise more carers, to provide carers with support and readily access to carer information and to encourage staff awareness on how to recognise carers and ensure that they received effective support.
- In conjunction with Healthwatch Dudley, the Patient participation group (PPG) members encouraged carers to take part in regular walks each month. This provided, carers the opportunity to participate and take time out for themselves or bring along the person they cared for. Carers also were able to meet with other carers and to explore support options available within the Dudley borough.
- Staff we spoke with told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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:

- Appointments could be booked over the telephone, face to face and online. The practice offered patients text messaging reminders for their appointments.
- There were urgent access appointments available for children and those with serious medical conditions. There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Telephone consultations were also available for patients who wished to speak with a clinician over the phone.
- The GPs carried out weekly ward rounds for their patients at a local advanced dementia nursing home. These patients were monitored during multidisciplinary team meetings, they were on the practice's admission avoidance register and all had care plans in place. The practice nurse and health care assistant also attended the nursing home to provide immunisations such as flu and shingles vaccines.
- Additionally, immunisations such as flu and shingles vaccines were offered to vulnerable patients at home, such as housebound patients who could not attend the practice.
- A hospital outreach phlebotomy service (taking blood for testing) was available in the practice; appointments were made through the hospital. We saw that service information was detailed in the practice's leaflet which included information about other hospitals where patients could also walk in and wait for a phlebotomy test.
- The practice actively encouraged patients to register for online access. Members of the management team highlighted how this helped to ease access for those

patients who preferred to telephone to make appointments. Data from the practice highlighted that approximately 25% of patients had registered for online access.

- The practice also offered an online blood pressure monitoring clinic. Patients who were identified as being able to monitor their blood pressure at home were provided with a monitoring device and could submit their results electronically. These results were reviewed by a GP, added to the patient's record and followed up with either advice or an appointment request by a GP. Staff explained how this had improved access to care, particularly for working age patients who couldn't always attend in surgery hours.
- The practice operated an effective recall system where patients were called in to the practice for monitoring and reviews, based on their conditions and personal needs. The practice monitored this system closely and recognised that on average they needed to recall 53 patients, each week. Data provided by the practice during our inspection highlighted that they were seeing on average 42 patients through the recall system on a weekly basis. In order to improve this, a salaried GP and health care assistant were recruited to support with service demand and to meet patient needs.
- There were accessible facilities for patients with mobility needs and translation services available at the practice. The practice also had a portable hearing loop; staff explained how the GPs were able to take this on home visits whilst visiting patients with hearing difficulties.
- Information was made available to patients in a variety of formats, such as easy to read. The practice also provided information according to the needs of different population groups. For example, the practice had developed a folder for young people containing details on services available and also information on accessing specific care and support if needed.

Access to the service

The practice was open for appointments between 8am and 6:30pm during weekdays. Pre-bookable appointments could be booked up to six weeks in advance. Results from the national GP patient survey published in July 2016 highlighted that patients' responses on access were positive, for example:

Are services responsive to people's needs? (for example, to feedback?)

- 81% found it easy to get through to this surgery by phone compared to the CCG average of 70% 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%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 77% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 59% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

Patients we spoke with during our inspection commented that they were satisfied with the care provided by the practice. Most of the CQC comment cards were also positive with regards to making an appointment and appointment availability. Some patients commented that occasionally it was difficult to make an appointment. However comments also suggested that this was during busy periods in the practice.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

We saw a notice on display in the waiting area informing patients to speak with the practice manager if they had any concerns or complaints. The practice website and leaflet also encouraged patients to contact the practice manager to discuss complaints.

The practice had received 24 complaints in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responded to with openness and transparency.

We saw that learning from complaints was regularly discussed in practice and patient participation group (PPG) meetings. Staff also monitored themes and reflected on complaints during the practice meetings and six monthly clinical governance meetings in order to manage any recurring themes. We saw minutes of meetings which supported this.

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 provide high quality primary medical services to patients in a safe, effective and responsive manner. We saw that the practice's vision and values were documented on a practice mission statement which incorporated a set of specific values and objectives. The practice's vision formed part of the agenda on the practice's clinical governance meetings. We saw minutes of the most recent clinical governance meeting in January 2017 which showed that staff reflected on and discussed their shared vision. This was also described as a vision to work together for excellent healthcare.

Members of the management team explained that during winter 2015, they recognised the need to redesign their service in order to provide high quality care to patients with long term conditions. We saw that a documented set of goals were set to support this change. Goals included to increase capacity at low resource cost and to support decision making. Some of the changes implemented to achieve these goals included employing new staff members, the development of new systems and reorganising staff roles to ensure clear defined areas of responsibility.

Throughout our inspection there was a strong theme of positive feedback from staff and patients. We spoke with 11 members of staff who all spoke positively about working at the practice. Staff spoke highly of the culture at the practice and demonstrated a commitment to providing a high quality service to patients. Staff we spoke with said they felt valued, supported and that they worked well as a team.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- There was a clear staffing structure with supporting organisation charts in place. Staff had lead roles across a number of areas and continually monitored service delivery to improve outcomes for patients. For example, leads were in place for care planning, whistleblowing and IT.
- Staff effectively monitored reviews and recall systems and collated and analysed information to support practice capacity and service demand. Discussions with staff demonstrated that they were aware of their roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Staff had access to a wide range of information through the practice intranet. This included staff rotas, shared calendars, prescribing guidelines and a training matrix with embedded training resources. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet.
- There were arrangements in place for identifying and recording risks. However, we noted that in some areas practice specific policies were not always effectively embedded. For instance during our inspection we noted gaps in record keeping to reflect the cleaning of specific equipment, managing uncollected prescriptions and monitoring the expiry date of a specific emergency medicine. We received evidence from the provider shortly after our inspection to assure us that these areas had been acted on immediately and monitoring systems were also put in place.
- The practice used lean principles to streamline processes and made use of their IT system to develop effective pathways within the patient record system. This approach was embedded across the practice such as the system for managing correspondence, including hospital discharge letters. We noted that a grading system was applied so that urgent correspondence was highlighted in red on the clinical system, prompting clinicians to complete an urgent review. In 2016, the practice became one of three finalists for the national EHI e-health award due to their work on advanced computer-aided consulting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was with the exception of the minor surgery infection control audit, which did not contain a plan of action or detail what steps the practice could take to improve.
- There was a systematic approach to working with other organisations to improve patient care and outcomes. The practice engaged with other practices through

Are services well-led?

Good 

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

attending external meetings and educational events. For example, GPs attended local education events. Members of the management team attended monthly CCG locality meetings. The practice manager often engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

- The practice had a regular schedule of practice meetings; these included GP partner meetings, practice meetings, reception meetings, nurse meetings and clinical governance meetings. All of these meetings were governed by agendas which staff could contribute to. Meetings were minuted and action plans were produced to reflect actions at each meeting. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, alerts and NICE guidelines were regularly discussed.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team. and were visible in the practice. The management team worked closely together and staff we spoke with expressed how they were often motivated by the management team to share ideas and were encouraged to succeed.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The practice as a whole encouraged a culture of openness and honesty and staff at all levels were supported and encouraged to raise concerns. 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.

Members of the management team explained how the practice had nominated a staff member to be the practices 'freedom to speak up' guardian. This role provided support and assurance to staff for them to feel confident in speaking freely, safely and in confidence. Furthermore, this role provided staff with the option of speaking to a nominated person in confidence and outside of the management team if they preferred.

The practice had systems in place to ensure that when things went wrong with care and treatment, people were given reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

The practice had an active patient participation group (PPG) which influenced practice development. The PPG consisted of 20 members who met every six weeks, the practice manager and the GPs regularly attended the PPG meetings. We spoke with three members of the PPG as part of our inspection.

- The PPG members described how the group regularly raised money for the practice through practice events and practice raffles. The monies raised were invested in to the practice through purchasing medical equipment to help patients. For example, specialised lamps to assist clinicians when removing stiches, blood pressure monitors and a portable hearing loop for GPs to take out on home visits.
- The practice also shared a range of meeting minutes and PPG event information to demonstrate how the group had been involved in a number of successful events and projects. This included a successful flu event with guest speakers from the Dudley Carers Association to promote awareness for carers.
- We saw a PPG newsletter which was published in the practice approximately every six months. The newsletter contained information across a wide range of areas . For example, practice pilot projects and how to get involved and the rates for missed appointments (DNA) where patients were politely reminded to cancel their appointments if they were unable to attend.

The practice actively reviewed and responded to comments on the practices NHS Choices webpage. In addition to patient feedback, the practice encouraged and acted on feedback from staff. For example, we saw that a staff survey was carried out in July 2016. The survey highlighted that 21 responses were received out of 28 surveys distributed. This was a 75% participation rate. The purpose of the survey was to reflect on what was working well and to identify areas to improve. We saw many areas were identified as working well such as good team work, good communication and efficient systems and processes.

Are services well-led?

Good 

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

We also saw that where staff suggestions were made, changes were being implemented in conjunction with these. For instance, one staff member suggested sending letters out to patients who required routine follow up appointments so that advance notice was given for routine appointments.

Continuous improvement

We found that the practice consistently received positive feedback from patients. For example; results from the NHS family and friend's survey indicated that 91% of the respondents were extremely likely or likely to recommend the service to family and friends. Results from the national GP patient survey published in July 2016 were mostly above national and local averages across a number of areas.

Although feedback was positive, the practice still reviewed and analysed their results from internal and external patient surveys and implemented changes to improve further. There was a strong emphasis on continuous improvement. For example, following comments made through the NHS family and friends survey the practice had made a number of changes such as:

- Increasing the availability of telephone consultations and appointment available online.
- An increase in staffing levels. For instance, a salaried GP was employed in December 2016 to assist with capacity requirements and a patient services apprentice was also recruited as part of the practice reception team.

The practice team was forward thinking and involved in a number of local pilot projects developed to respond to and meet people's needs. For example:

- In November 2016 the practice became one of two practices in the area to pilot the prescription order district (POD) service. This enabled patients to order repeat prescriptions by contacting the POD service, this service operated from Brierley Hill Health and Social Care Centre. The aim of the pilot was to increase prescribing efficiencies. On contacting the service a POD operator and pharmacists from the clinical commissioning group (CCG) medicines team were able to check that patients were on appropriate medication with adequate monitoring in place.
- The practice was taking part in the Sense.ly app pilot. This was a downloadable application where patients could access appointment booking and a nurse triage system through devices such as smart phones and tablets. Members of the management team explained that the app contained built in pathways similar to those used by the NHS, to assess patients conditions based on a symptom checker. The outcome of the assessments resulted in advice which could include an appointment request or onward referral to other services such as the NHS 111 service. Patient service statistics provided by the practice highlighted that since October 2016 187 of the practices patients had registered with the app and were actively using it to mostly book or cancel appointments and to check their symptoms.