

Quarry Bank Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quarry Bank Medical Centre on 6 December 2016. Overall the practice is rated as good.

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

- 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 staff were friendly and helpful and treated patients with kindness and respect.
- Audits were used to monitor quality and to make improvements. The practice was proactive in identifying, managing and learning from significant events.
- We observed the premises to be visibly clean and tidy. Risks to patients and staff were assessed and well managed.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients.

- Patients could access appointments and services in a way and at a time that suited them.
- There were longer appointments available for patients when needed. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Results were circulated and discussed in the practice.
- The practice had an active patient participation group (PPG) which influenced practice development. The group was also actively working on recruiting more members.

The areas where the provider should make improvements are:

- Continue to identify carers in order to provide further support where needed.

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 were effective systems in place for reporting incidents, near misses and positive events, as well as comments and complaints received from patients.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff we spoke with were aware of their responsibilities to raise and report concerns. Staff also reflected on significant events and incidents during practice meetings.
- We observed the premises to be visibly clean and tidy. Risks to patients and staff were assessed and well managed.

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. Staff, teams and services were committed to working collaboratively.
- The practice had a programme of continuous clinical audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received annual appraisals and regular supervision. The practice had supported staff members through various education avenues and training courses.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.
- The practice had identified that 1% of their registered patients as carers. Staff we spoke with advised that they were continuously working on identifying cares to offer them support.

Good



Summary of findings

- The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help provide social support to people who were living in vulnerable or isolated circumstances.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. The practice also received positive feedback from patient surveys, the most recently published national GP patient survey and many positive comments were shared on CQC comment cards and from patients we spoke with during our inspection. Staff were described as caring and helpful.

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.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- There were disabled facilities, hearing loop and translation services available at the practice. Information was made available to patients in a variety of formats, online and also through easy to read paper formats.

Good



Are services well-led?

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

- Formal practice team meetings were held every two to three months. Although staff communicated closely as a small team in-between meetings, members of the management team expressed that they had recognised the benefit of having meetings on a more frequent basis and had planned to move to monthly practice meetings from 2017.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients.
- Audits were used to monitor quality and to make improvements. Results were circulated and discussed in the practice and there was a strong theme of shared learning and emphasis on continuous quality and improvement.

Good



Summary of findings

- The practice had an active patient participation group (PPG) which influenced practice development. The group was also actively working on recruiting more members.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at risk of admission to hospital and patients who had been discharged from hospital were also discussed on a fortnightly basis.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Phlebotomy was also offered to patients at home, who could not attend the external services for blood tests. Immunisations such as flu and shingles vaccines were also offered to patients at home, such as housebound patients who could not attend the practice.

People with long term conditions

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

Good



- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services.
- Performance for overall diabetes related indicators was 99%, compared to the CCG average of 86% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with 2% exception reporting.
- We saw that regular reviews and 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.

Good



Summary of findings

- 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.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- Childhood immunisation rates for under two year olds ranged from 71% to 100% compared to the CCG averages which ranged from 74% to 98%.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 100% with 14% exception reported, compared to the CCG average of 72% and national averages of 73%.

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).

- 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 offered extended hours every Monday between 6:30pm and 8pm to suit their working age population.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.
- Practice data highlighted that they identified and offered smoking cessation advice and support to 85% of their patients and 3% had successfully stopped smoking.

Good



People whose circumstances may make them vulnerable

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

- There were 26 patients registered at the practice with a learning disability. Practice data highlighted that 88% received medication reviews where eligible within a 12 month period and there was an active ongoing programme of recalling patients to attend their reviews.

Good



Summary of findings

- Phlebotomy was offered to vulnerable patients at home, who could not attend the external services for blood tests. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, such as housebound patients who could not attend the practice.
- The practice had 31 patients on their palliative care register. The data provided by the practice highlighted that 100% of these patients had a care plan in place and 90% had received a review in a 12 month period and there were further reviews planned.
- The practice 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.

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.
- There were 21 patients on the practices register for dementia. Practice data highlighted that 81% of these patients had care plans in place and 100% received medication reviews where eligible within a 12 month period. Data showed that appropriate diagnosis rates for patients identified with dementia were 99%, compared to the CCG average of 81% and national average of 96%.
- Performance for mental health related indicators was 88%, compared to the CCG average of 74% and national average of 92%.
- The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

Good



Summary of findings

What people who use the service say

The practice received 112 responses from the national GP patient survey published in July 2016, 285 surveys were sent out; this was a response rate of 39%. The results showed the practice received mostly positive responses across areas of the survey. For example:

- 91% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 79% 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%.
- 93% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 81% 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 six patients during our inspection including two members of the patient participation group (PPG). Service users completed 33 CQC comment cards. Patients and completed comment cards all gave positive feedback with regards to the service provided.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Continue to identify carers in order to provide further support where needed.

Quarry Bank Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Quarry Bank Medical Centre

Quarry Bank Medical Centre is a long established practice located in the area of Brierley Hill, in the West Midlands. There are approximately 3,855 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 (one male and one female), a female salaried GP, a practice nurse and a health care assistant. The GP partners and the practice manager form the management team and they are supported by a team of five support staff who cover reception, secretarial and administration roles.

The practice is open between 8am and 6:30pm during weekdays, except for Mondays when the practice is open until 8pm. On Mondays, appointments are available from 9am to 12pm and then from 1:30pm through to 7:30pm, as extended hours. Appointments are available between 9am until 6pm on Tuesdays and Wednesdays. On Thursdays and Fridays appointments run from 9am to 12pm and then from 2pm until 6pm.

There is a GP on call each morning between 8am and 9am and then during the day on Mondays, Thursdays and Fridays when appointments are closed for part of the afternoon. 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 service under the Care Act 2014.

How we carried out this inspection

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

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

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

Detailed findings

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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 6 December 2016.
- 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 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

There were processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

Significant event records were well organised, clearly documented and continually monitored. We also noticed that the practice managed complaints and negative comments from patients as significant events and that this included comments made through NHS Choices online. The practice had recorded eight significant events that had occurred during the previous 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 medical emergency; we saw that on reflection the practice reviewed their medical emergency protocols and specific medical equipment was moved to a more accessible location in the practice. Staff also reflected on significant events and incidents during practice meetings. We saw detailed minutes of meetings which supported this.

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 discussed in practice meetings; we saw that records were kept to monitor this process and to support actions taken. 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.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation 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
- One of the GPs was the lead member of staff for safeguarding. The GP attended regular safeguarding

meetings and provided reports where necessary for other agencies. The GP also met with the local health visitor on a monthly basis to discuss specific care needs for families and children.

- Staff we spoke with demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually act as chaperones. We saw that disclosure and barring checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We viewed three 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.
- Members of the management team explained that they very rarely used locum GPs to cover if ever the GPs were on leave and that they had only used one locum on one occasion during the last 12 months. Records demonstrated that appropriate recruitment checks were completed for the locum GP, which was sourced through a locum agency. Staff we spoke with explained that the GPs often covered each other if they were away from the practice, for instance during annual leave.
- We observed the premises to be visibly clean and tidy. We saw that cleaning specifications and completed cleaning records were in place. There were also records to reflect the cleaning of specific medical equipment. We saw calibration records to ensure that clinical equipment was checked and working properly.
- The practice nurse and practice manager were joint infection control leads, staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members. There was an infection prevention control protocol in place and we saw records of completed infection control audits. We were also able to see evidence of action taken to improve, such as the removal of wall paper in the minor surgery room as recommended on the infection control audit.

Are services safe?

- 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. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection we 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.
- 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 an effective system in place for the prescribing of high risk medicines.
- We saw evidence that the practice nurse had received appropriate training to administer vaccines. We saw some evidence to support that the practice nurses administered vaccines using patient group directions (PGDs).

Monitoring risks to patients

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with

infection control such as the control of substances hazardous to health and legionella. 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 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.

Arrangements to deal with emergencies and major incidents

- There was a system on the computers and in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice kept emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency equipment and emergency medicines were regularly checked to ensure they were in date and fit for use. We saw that records were kept to support these checks.
- There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- 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.

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. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice previously 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 99% of the total number of points available, with 9% 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 2% exception reporting.
- Performance for mental health related indicators was 88%, compared to the CCG average of 74% and national average of 92%.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 99%, compared to the CCG average of 81% and national average of 96%.
- Performance for overall diabetes related indicators was 99%, compared to the CCG average of 86% and national average of 89%.

Up until April 2016, the practice participated in the Quality and Outcomes Framework (QOF).

The practice was now actively using the Dudley clinical commissioning groups long term condition framework

which 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 October 2015 alongside QOF.

Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of three clinical audits, one of the audits had been repeated to demonstrate improvement and the other two audits were due to be repeated to complete the audit cycles.

For example, we saw that an audit was completed to review patients with gout who were on urate lowering therapy. Findings from the first audit cycle in January 2015 highlighted that 35 patients were reviewed as meeting the audit criteria. Out of 35 patients, only 14 patients had lifestyle advice recorded in their consultation notes. This included advice on weight management, alcohol intake and dietary adjustments. Furthermore, 24 patients required review in order for clinicians to obtain up to date patient urate levels; audit records indicated that these patients were contacted for appointments and most of these patients attended as a result. To improve further, the practice developed action points which included record keeping around lifestyle advice. Furthermore, the practice reviewed their current prescribing and monitoring systems to support an effective recall and monitoring system and to ensure clinicians followed monitoring and prescribing guidelines.

The audit was repeated in January 2016. Records highlighted improvements in monitoring and recall systems; this was evident in 95% of the cases reviewed as part of the repeated audit. Additionally, the practice achieved a therapeutic target in 80% of patients on urate lowering therapy. There had also been some improvement in record keeping and clinicians were documenting lifestyle advice when given.

The practice worked closely with two 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.

Are services effective?

(for example, treatment is effective)

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 asthma, diabetes, dementia and prescribing.
- Staff made use of e-learning training modules and also received face to face training on topics such as conflict resolution and information governance.
- The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening. Members of the non-clinical team had been supported to attend medical terminology training and the practice was supporting one staff member through an AMSPAR medical administration diploma.
- 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 that multi-disciplinary team (MDT) 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. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

The practice had planned to do a drive on their registers in January 2017 to call patients in for care planning and reviews where needed. Practice data at the point of our inspection highlighted that:

- The practice had 31 patients on their palliative care register. The data provided by the practice highlighted that 100% of these patients had a care plan in place and 90% had received a review in a 12 month period and there were further reviews planned.
- There were 21 patients on the practices register for dementia. Practice data highlighted that 81% of these patients had care plans in place and 100% received medication reviews where eligible within a 12 month period.
- There were 26 patients registered at the practice with a learning disability. Practice data highlighted that 88% received medication reviews where eligible within a 12 month period and there was an active ongoing programme of recalling patients in.

We saw that the practices 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. 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

Are services effective?

(for example, treatment is effective)

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.

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.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 100% with 14% exception reporting; compared to the CCG average of 72% and national averages of 73%. The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.
- Practice data highlighted that they identified and offered smoking cessation advice and support to 85% of their patients and 3% had successfully stopped smoking.
- 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 ranged from 71% to 100% compared to the CCG averages which ranged from 74% to 98%.
- 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 were also signposted to relevant services to provide additional support.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that members of staff were friendly, respectful 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 area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. 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. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 96% 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%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 87% 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 six patients on the day of our inspection including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, and helpful. We received 33 completed CQC comment cards, all of the cards were very positive and staff were described as helpful, caring and respectful.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey also showed positive responses with regards to questions about patient's involvement in planning and making decisions about their care and treatment. For example, 89% of the respondents 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%. Additionally, 83% 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 also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.
- 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.
- The practice's computer system alerted GPs if a patient was also a carer and there were 51 patients on the practices register for carers; this was 1% of the practice list. Staff we spoke with advised that they were continuously working on identifying carers to offer them support and had focussed on identifying carers in the summer by developing a carer's awareness board in the waiting room.
- We saw that the practice's new registration form asked new patients if they were a carer, there was a carers pack and a carers protocol in place and the practice applied reminders to their patient record system 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 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

Are services caring?

vulnerable or isolated circumstances. The practice discussed examples of how patients went on to receive further support such as counselling support, as well as onward referrals to other health and social care services.

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 text messaging reminders for appointments to remind patients of their appointments.
- There were urgent access appointments available for children and those with serious medical conditions.
- The practice offered extended hours every Monday between 6:30pm and 8pm.
- 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. Phlebotomy was also offered to vulnerable patients at home, who could not attend the external services for blood tests. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, such as housebound patients who could not attend the practice.
- There were disabled facilities, hearing loop and translation services available at the practice. Information was made available to patients in a variety of formats, online and also through easy to read paper formats. The practice had also completed an equality assessment in September 2016. We saw that the practice had identified some improvements including installing a lower desk area in reception to accommodate to all patients, such as wheelchair users. Members of the management team explained that they were in the early stages of developing a plan to support these changes in the future.

Access to the service

The practice was open between 8am and 6:30pm during weekdays, except for Mondays when the practice was open until 8pm. On Mondays, appointments were available from 9am to 12pm and then from 1:30pm through to 7:30pm, as extended hours. Appointments were available between

9am until 6pm on Tuesdays and Wednesdays. On Thursdays and Fridays appointments ran from 9am to 12pm and then from 2pm until 6pm. There was a GP on call each morning between 8am and 9am and then during the day on Mondays, Thursdays and Fridays when appointments were closed for part of the afternoon. Pre-bookable appointments could be booked up to six weeks in advance.

Results from the national GP patient survey published in July 2016 highlighted mostly positive responses regarding access:

- 91% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 78% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 65% 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%.

Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements and that there was a designated responsible person who handled all complaints in the practice.

Staff explained that they very rarely received complaints and that patients rarely raised concerns in the practice. Patients we spoke with during our inspection also advised that they hadn't needed to make a complaint.

We saw that one complaint had been received during the last 12 months. The complaint had been thoroughly

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

investigated and handled in a timely manner and responses demonstrated openness and transparency. The complaint was also discussed and reflected on during a practice meeting.

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 improve patient health and well-being. We spoke with nine members of staff during our inspection, all staff spoke positively about working at the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients and we saw that the practice had a documented mission statement to support their overall vision.

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 clearly defined staffing structure in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to for infection control guidance and how to report a whistleblowing concern.
- There was a programme of clinical audits which was used to monitor quality and to make improvements and results were circulated and discussed in the practice.
- Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet. We also saw a range of comprehensive risk assessments in place where risk was monitored and mitigated.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. They were supported by a clinical team of three which included a salaried GP, a practice nurse and a health care assistant. There was also a non-clinical team of five staff members who covered reception, administration and secretarial duties.

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.

Formal practice team meetings were held every two to three months, meetings were governed by agendas which staff could contribute to, we saw that minutes were clearly documented and actions were recorded and monitored at each meeting. Although staff communicated closely as a small team in-between meetings, members of the management team expressed that they had recognised the benefit of having meetings on a more frequent basis and had planned to move to monthly practice meetings from 2017.

The practice also engaged with other practices through attending external meetings and educational events. For example, GPs attended local education events, members of the management team attended monthly CCG locality meetings and 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.

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 five members, members met on a monthly basis. Minutes of meetings demonstrated that members of the management team often attended the PPG meetings. We spoke with two members of the PPG as part of our inspection who explained how the group had been involved in facilitating a patient survey to gain patient thoughts and feedback on the practice and to identify any areas where they could support the practice to improve. Records of the survey analysis highlighted how the practice had started to work through some of the improvement areas identified from the survey. Improvements included maintenance of certain practice doors that were causing noise disturbances in the waiting area, and the introduction of telephone consultations for patients who could speak with a GP over the phone instead of having to visit the practice.

We saw that the survey results were shared with patients through a very informative PPG newsletter. We also noticed that the PPG developed a PPG Hints and Tips slip, these slips were attached to patient forms on the reception desk. The slips gave helpful bite-size advice to patients on various areas such as how to access online information.

Are services well-led?

Good 

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

The PPG were actively trying to recruit more members, members explained that an advert had been placed in the local church newsletter and leaflets were handed out to the local library and nearby shops.