

Hollywood 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

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 3 |
| The six population groups and what we found | 6 |
| What people who use the service say | 9 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 10 |
| Background to Hollywood Medical Practice | 10 |
| Why we carried out this inspection | 10 |
| How we carried out this inspection | 10 |
| Detailed findings | 12 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hollywood Medical Practice on 15 July 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice carried out an annual significant event audit to ensure learning from significant events was embedded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- There was a developing leadership structure and staff felt supported by the GPs and the practice manager. The practice proactively sought feedback from staff and patients which it acted on. There was a very pro-active virtual Patient Participation Group (PPG).

- The practice was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Patients described staff as caring and helpful. Patients commented that they were treated with dignity and respect
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually.

Good



Are services effective?

The practice is rated as good for providing effective services.

- National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were at or above the national average. The practice had achieved 99% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- Staff had received training appropriate to their roles.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice carried out full cycle audits which could demonstrate quality improvement and effective care.

The practice also carried out NHS health checks for patients aged 40-74 years. There had been 308 health checks carried out in the last year.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with and sometimes above local and national averages. For example, 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- We received 32 comment cards, all of which were positive about the standard of care received. Patients described staff as considerate, helpful and caring and felt they were treated with dignity and respect.
- The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. The practice had identified 1% of its patient list as carers.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- The practice responded to the needs of its local population and engaged well with Redditch and Bromsgrove Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.
- The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings.
- The practice scored in line with and sometimes above local and national averages in terms of access in the National GP Patient Survey published in July 2016. For example: 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.

Are services well-led?

The practice is rated good for being well-led.

Good



- The aim of the practice was to provide a good standard of care and to be forward thinking.
- The arrangements for identifying, recording and managing risk were effective.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings.

Summary of findings

- The partners were visible in the practice and staff told us they would take the time to listen to them.
- The practice proactively sought feedback from staff and patients, which it acted on, and had an active virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

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 patients.

Good



- The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services, for example, unplanned admissions. The practice worked with the virtual ward in the prevention of admissions. The virtual ward aims to reduce hospital admissions by identifying patients who are at high risk of admission and managing them more effectively in the community.
- The practice had a significant number of elderly patients. Twelve per cent of the patient list was over 75 years and 1% over 90 years. Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred. The practice carried out annual health reviews and comprehensive care plans for those patients with the highest needs. If patients were housebound they were seen at home. Frail elderly patients were always seen on the same day even if no appointments were available.
- The practice was wheelchair accessible.
- Despite being a practice with challenging local transport facilities due to being located on the edge of the CCG boundary the practice accommodated the following services: retinopathy screening, aortic aneurysm screening (AAA), podiatry, physiotherapy, and diabetic educational courses.

People with long term conditions

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

Good



- Patients with long term conditions were identified on a register and invited for annual reviews. All patients with long term conditions had care plans in place.
- Extended appointments were offered to patients with long-term conditions. The practice offered anti-coagulation clinics (for patients who were on blood thinning medicines).
- Quality and Outcomes Framework (QOF) 2014/15 performance in relation to long term conditions was above local and national averages. The practice had achieved 99 % of the total number of points available which was above the CCG average of 97% and above the national average of 95% in 2014/15.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to follow up on children who were considered vulnerable including the use of alerts. The child safeguarding register was reviewed with the health visitors regularly. All staff at the practice had received safeguarding training.
- Appointments were available outside of school hours with GPs and nurses and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses. Same day appointments were always provided for children aged five and under.
- Baby clinics were held at the practice every week and the practice website provided information about a range of relevant topics relating to children and young people.
- The practice's uptake for the cervical screening programme was 83%, which was above the national average of 82%.
- Baby changing facilities and a breastfeeding area were available at the practice.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, the vaccinations given to under two year olds ranged from 80% to 99% compared with the CCG average of 82% to 99% and five year olds from 90% to 97% compared with the CCG average of 94% to 97%.

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).

- Extended hours were available each week at the practice both early mornings and evenings.
- The practice offered GP telephone consultations where this was considered appropriate.

Patients could book appointments or order repeat prescriptions online.

- The practice sent text reminders to patients for booked appointments.
- The practice had a comprehensive screening programme.
- The practice also carried out NHS health checks for patients aged 40-74 years. There had been 308 health checks carried out in the last year.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- All patients with a learning disability were offered an annual health check and longer appointments were allocated. At the time of the inspection the practice had 29 patients on the learning disabilities register and 28 of these had received a health check in the last year. The practice also looked after patients at a residential home which specialised in patients with learning disabilities. The practice had weekly contact with the home.
- Alerts were put on patient records to enable staff to be aware of specific needs for patients. For example to offer the first appointment of the day or alerting staff if the patient had a visual or hearing impairment.
- Patients whose first language was not English were supported by interpreters.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff we spoke with were aware of their responsibilities and had all received safeguarding training.

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).

Good



- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 93%, which was above the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 82% which was comparable with the national average of 84%.
- Home visits were arranged as required for patients who were not able to attend the practice.
- Annual mental health reviews were carried out for patients experiencing poor mental health.
- The practice signposted patients to the Healthy Minds Well Being Hub when this was considered appropriate. The hub was an information and signposting service for people over the age of 16 who were experiencing low mood, anxiety or stress and felt they would benefit from local community providers.
- The practice also had an in house counselling service for those requiring additional support.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with and sometimes above local and national averages. There were 250 forms sent out and 123 responses. This represented a response rate of 49%.

- 75% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 86% and national average of 85%.
- 88% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 87% and national average 85%.
- 82% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average 80% 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 received 32 comment cards, all of which were positive about the standard of care received. Patients described staff as considerate, helpful and caring and felt they were treated with dignity and respect.

We spoke with 14 patients during the inspection (one of whom was a member of the virtual PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed one. We did receive three negative comments about waiting times for appointments.

Hollywood Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

Background to Hollywood Medical Practice

Hollywood Medical Centre is situated in a residential area in the outskirts of Birmingham. The practice is an area with little deprivation. The current list size is 6,600 patients. The practice is part of the North Worcestershire Healthcare Federation.

The practice has a car park for patients and staff to use.

The practice has four GP partners and one trainee GP (three male and two female offering patients their preferred choice). A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. The practice has three practice nurses, a treatment room nurse and a healthcare assistant (HCA).

The clinical team is supported by a practice manager, a deputy practice manager and a team of reception and administrative staff.

The practice has a virtual Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open 8am to 6.30pm Monday to Friday.

The practice does not provide out of hours services beyond these hours. When the practice is closed patients are provided with information about local out of hours services provided by Care UK which they can access by using the NHS 111 phone number.

Why we carried out this inspection

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

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove CCG, NHS England Area Team

Detailed findings

and Healthwatch. Clinical Commissioning Groups (CCG) are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

We carried out an announced inspection on 15 July 2016. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

During the inspection we spoke with 14 patients including one member of the virtual Patient Participation Group (PPG) and a total of nine members of staff including the practice manager, deputy practice manager, GPs and one of the practice nurses.

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

- Is it safe?
- Is it effective?

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

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

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

Are services safe?

Our findings

Safe track record and learning

- The practice prioritised safety and reported and recorded significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff used incident forms and completed these for the attention of the practice manager. Incidents were discussed at practice meetings which took place on a monthly basis and were a rolling item on the agenda. Critical event meetings were held on a monthly basis with the GPs, practice manager and nurse. This information was then shared with staff.
- We saw evidence that 26 significant events had been reported in the previous 12 months. The practice complied with 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.
- We reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example, we saw an example where there had been a miscommunication following an electronic prescription. We saw the subsequent letter which was sent to the patient apologising for this error.

Patient safety alerts and MHRA alerts were sent to the practice manager by email and circulated to all the relevant staff. The alerts were also printed and kept on a central file. The practice manager decided if action was needed and would run searches and contact individual patients where required. The alerts were also sent to one of the GP partners so that when the practice manager was on leave they could address these. We saw a number of different examples such as a change in the use of insulin pumps and the actions and discussions which followed.

Overview of safety systems and processes

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

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the GP partners was the safeguarding lead for the practice. All staff had received relevant role specific

training on safeguarding. The GPs had received level three children's safeguarding training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children and knew how to share information and record safeguarding concerns. Contact details for the relevant agencies in working hours and out of normal hours were displayed in every clinical room. The practice also had laminated sheets in all rooms for reference with action flow charts. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult.

- There was a chaperone policy in place and information to tell patients the service was available was visible in the waiting room, consulting rooms and on the practice website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B in individual staff files. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been

Are services safe?

undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- The practice had a policy and procedures in place for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when their medicines changed. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a robust system for managing high risk medicines.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had been given to all staff using online training. The practice had carried out a fire risk assessment on an annual basis. Actions were identified and implemented. A Legionella risk assessment was carried in March 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment, and items such as weighing scales and refrigerators. We saw evidence of

calibration of equipment used by staff (this had been done in August 2015 and had been booked for August 2016). Portable electric appliances were routinely checked and tested.

- 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 enough staff were on duty. The practice manager was pro-active in ensuring there was the correct skill mix and constantly reviewed roles and identified training when appropriate.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was an oxygen cylinder, defibrillator and emergency medicines available to staff which were stored securely.
- The practice had risk assessed the range of emergency medicines in stock to ensure that they covered the range of services carried out by the practice. All staff knew of the location. The expiry dates and stock levels of the medicines were checked and recorded by the nursing team. The GPs did not carry medicines in their bags.

The practice had a comprehensive business continuity plan developed by the practice manager for major incidents such as power failure or adverse weather conditions and copies were kept off site with different members of the team. This contained contact details of all members of staff. The business continuity plan had last been reviewed in August 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurses were able to give a clear rationale for their approaches to treatment.

- Bi monthly practice meetings took place for all members of staff. Clinical meetings took place on a monthly basis.
- We saw evidence of robust care plans for patients.
- Our discussions with the GPs and nurse showed that they were using the latest clinical guidance such as those from the National Institute for Health and Care Excellence (NICE). For example, the practice shared recent changes to chronic obstructive pulmonary disease (COPD) guidelines which resulted in the practice changing the inhalers being prescribed to patients.
- The practice had a robust system for recalling patients on high risk medicines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved 99% of the total number of points available, which was above the CCG average of 97% and above the national average of 95% in 2014/15. Their exception reporting was 6% which was 4% below the national average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. In the last year the practice was the highest achieving practice in Redditch and Bromsgrove CCG for their QOF scores.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate

level in the preceding 12 months was 94% which was above the national average of 92%. The practice exception reporting was 3% which was below the CCG average of 7% and national average of 12%.

- The percentage of patients with hypertension having regular blood pressure tests was 87% which was above the national average of 84%. The exception reporting was 1% which was below the CCG average of 3% and national average of 4%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 93%, which was above the national average of 88%. The exception reporting was 0% compared with the CCG average of 8% and national average of 13%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 82% which was in line with the national average of 84%. The exception reporting was 3% compared with the CCG and national average of 8%.
- The practice had 29 patients on the learning disability register. During the inspection the GP shared examples of health checks carried out in the last year for patients with learning disabilities. The practice had carried out health checks on 28 out of the 29 patients with learning disabilities.

Clinical audits demonstrate quality improvement and effective care. During the inspection the practice shared examples of two audits they had completed in the last 12 months and shared the learning from these.

One of the audits looked at patients who had been diagnosed with prostate cancer to determine who would be suitable for the shared care local improvement scheme (LIS). Twenty-eight patients were found to be suitable for the shared care LIS.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The GPs had lead roles in different areas. The practice had regular meetings with Redditch and Bromsgrove CCG to ensure that prescribing and referrals were in line with local and national guidelines.

Are services effective?

(for example, treatment is effective)

- The practice supported the nurses by providing regular nursing journals to help them to keep up to date. Nurses also attended study days on a quarterly basis with other nurses in the same CCG. Two of the nurses were trained in asthma and COPD.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training.

Coordinating patient care and information sharing

- The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.
- The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X- rays were requested and the results were received online.

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 patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP called patients who were on the unplanned admissions register soon after discharge from hospital and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors.

Consent to care and treatment

- Patients' consent to care and treatment was always sought in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- There was plenty of health promotion information available in the practice waiting room and website.
- The practice encouraged patients to participate in the comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which was above the national average of 82%.
- The practice also carried out NHS health checks for patients aged 40-74 years. 308 health checks were carried out in the last year. The practice also carried out over 75 checks and had carried out 60 of these checks in the last year.

The uptake of national screening programmes was above local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 81% which was above the CCG average of 76% and the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 63% which was above the CCG average of 60% and national average of 58%
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 80% to 99% compared with the CCG average of 82% to 99% and five year olds from 90% to 97% compared with the CCG average of 94% to 97%.

The practice published a quarterly newsletter to keep patients up to date. This included changes in the partnership and updates such as travel immunisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were professional, attentive and helpful to patients both attending at the reception desk and on the telephone.

- Reception staff demonstrated a personal knowledge of patients in some cases.
- We saw that patients were treated with dignity and respect.
- Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff shared an example of a patient who wanted to talk in private about a sensitive issue.

We received 32 comment cards, all of which were positive about the standard of care received. Patients described staff as considerate, helpful and caring and felt they were treated with dignity and respect.

We spoke with 14 patients during the inspection (one of whom was a member of the virtual PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were happy with the care they received.

They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. The majority of patients we spoke with told us that they got an appointment when they needed one. We did receive three negative comments about waiting times for appointments.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with

compassion, dignity and respect. The practice was in line with and sometimes above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the last GP they saw gave them enough time compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%.
- 89% of patients said the last GP they saw was good at listening to them, which was the same as the CCG average and the national average of 89%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

We spoke with the manager of a local care home where the practice had 19 registered patients. The manager spoke highly of the practice and explained that quite a few of the patients had mobility issues and that GPs would always come out to do a home visit for them.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that their care and treatment was discussed with them and they felt involved in decision making. They also told us they felt listened to and supported by staff. They felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

If patients did not speak English as their first language they usually brought a family member to translate for them. Staff at the practice told us that an interpreting service was also available when required.

Are services caring?

Results from the National GP Patient Survey published in July 2016 showed positive responses to questions about patients' involvement in planning and making decisions about their care and treatment. Results were on the whole above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 83% and national average 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

Patient/carers support to cope emotionally with care and treatment

- Patients we spoke with were positive about the emotional support provided by the practice and rated it

well in this area. The practice had notices in the patient waiting room to signpost patients to carers' organisations and bereavement organisations when required.

- The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. The practice had identified 1% of the practice patient list as carers. All the carers were offered the flu vaccination. A carer support worker visited the practice on a monthly basis to offer support to carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and sent them a bereavement card. This was then followed up by a call or consultation as required. The practice had a board with names of deceased patients to remind all members of staff to be sensitive when speaking to family members.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area.

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

- There were longer appointments available for patients with a learning disability. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities and translation services available.
- A daily phlebotomy (blood taking) service was provided.
- The practice offered GP telephone consultations where this was considered appropriate.
- Patients could book appointments or order repeat prescriptions online.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Postnatal checks were carried out in the practice.
- The practice offered a range of enhanced services, for example, unplanned admissions. The practice worked with the virtual ward in the prevention of admissions.
- The practice carried out Abdominal Aortic Aneurysm (AAA) screening clinics and diabetic retinopathy checks annually.
- The practice had a physiotherapy facility funded by the CCG.
- Two of the practice nurses specialised in asthma and COPD providing spirometry for diagnosis and monitoring.
- The practice signposted patients to Healthy Minds Well Being Hub when this was considered appropriate. The

hub was an information and signposting service for people over the age of 16 who were experiencing low mood, anxiety or stress and felt they would benefit from local community providers support.

- The practice also had an in house counselling service for those patients requiring additional support.
- The practice had objectives to improve the facilities over the next twelve months. For example they had ordered a hearing loop and were arranging for automatic doors in the waiting area.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday.

Appointments were available during these hours. Urgent appointments were available on the same day. Routine appointments were available one month in advance. The practice offered 3.5 extended hours per week. This involved a 7am start and a 7pm finish. The times were advertised at the practice and varied weekly. This provided flexibility to patients with days of access.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with and sometimes above local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average and national average of 76%.
- 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national averages of 73%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

Listening and learning from concerns and complaints

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

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at two formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We saw evidence that the complaints were discussed at the practice meeting and lessons were learned. Staff we spoke with on the day informed us that verbal complaints were dealt with as they were raised and defused in order to prevent them escalating to a formal complaint. These were also recorded in a book so that trends could be identified. We saw that the practice had introduced a radio in reception to mask conversations following a complaint about confidentiality in the waiting room.

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 values which were embedded at all levels across the practice. The aim of the practice was to provide a good standard of care and to be forward thinking. The practice encouraged self-help through teaching and learning and welcomed patient feedback. Staff at the practice understood the practice's vision and values. Staff had well defined roles and responsibilities. The practice was looking at providing additional services depending on the funding available to them.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity.

- There were named GPs and nurses in lead roles.
- There were robust arrangements for identifying, recording and managing risk.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above national standards. QOF was regularly discussed at practice meetings. Current results were 99% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management. One of the GP partners was on the CCG board and was also held monthly clinical meetings and bi monthly practice meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. All staff were encouraged to identify opportunities to improve the service delivered by the practice. For example, one of the practice nurses informed us about changes to travel consultations following a recent update they had attended. The GPs encouraged this practise to be shared across the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was a virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with one member of the PPG during the inspection.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example, they had made suggestions about the appointments system. Previously emergency appointments were booked in the morning for both morning and afternoons. Now the practice had implemented a system whereby emergency appointments were available through the day. The PPG had also made a recommendation about text reminders for appointments. This has been implemented by the practice.

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