

OHP-Falcon Medical Centre

Quality Report

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Date of inspection visit: 16 October 2017

Date of publication: 20/12/2017

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?

Outstanding 

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 OHP-Falcon Medical Centre on 16 October 2017. Ley Hill Surgery took on caretaking arrangements for Falcon Medical Centre from October 2016 until January 2017 and was awarded the General Medical Services (GMS) contract in January 2017. Ley Hill Surgery became the registered provider with CQC in June 2017. In September 2017 both practices became registered with CQC under the provider organisation Our Health Partnership.

We first inspected the practice under the previous provider registration in January 2016, the practice was rated inadequate and placed into special measures.

We then carried out this inspection under the new provider registration on the 16 October 2017. Overall the practice is now rated as good.

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

- When Ley Hill Surgery first took over Falcon Medical Centre they were faced with a number of

significant challenges which included the quality of patient records and care, repeat prescribing and the premises which they have successfully sought to address.

- We saw evidence of strong leadership at Falcon Medical Centre. Staff had identified the needs of the practice population and had sought to ensure the service reflected those needs to improve outcomes for patients. Links were also being established within the local community to help address health inequalities.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. These had led to various audits to ensure patients were receiving care in line with evidence based guidance.
- The practice had established clearly defined systems to minimise risks to patient safety. Improvements in areas such as the premises, infection control, patient records, prescribing and follow up of patients with long term conditions were seen.
- The practice was proactive in working with other health and social care professionals to safeguard some of the practices most vulnerable patients. A successful scheme to support patients at risk of

Summary of findings

unplanned admissions and to support early discharge was adopted by the practice. Community Matrons employed by a group of local practices facilitated safe support within the patient's home.

- Results from the national GP patient survey (published in July 2017) found patient satisfaction scores were lower than local and national averages in many areas. This was in contrast with feedback we received as part of the inspection which showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. The data related to a period prior to the current registration. In response to the survey the practice had carried out a comparative in-house survey which showed consistently positive scores in relation to consultations and access.
- Information about services and how to complain was available. Only one formal written complaint had been received in the last 12 months.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.

- Staff identified a charity that maintained a list of vulnerable patients in the area and established links so that the charity could share with them any concerns in the future about patients who might need support.

The areas where the provider should make improvement are:

- To provide greater support for patients on the learning disability register.
- To identify systems for recording fire drills and any actions arising from them.
- To review information relating to access on the practice website and amend as appropriate.
- To improve patient involvement in supporting service improvement.
- To improve the number of identified carers so that they may be supported.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- We found there was an effective system for reporting and recording significant events. Incidents had been thoroughly investigated and wide reaching to ensure no other patients were affected by the same issues. There was clear evidence that lessons were shared to improve safety in the practice.
- The provider registered with CQC in September 2017 following a period of care taking. They put in place effective systems, processes and practices to minimise risks to patient safety. This included the management of safety alerts, infection prevention and control and the safe management of medicines.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. They were able to provide positive examples of action taken and responding to information received in relation to vulnerable patients.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the practice showed there was good progress being made against the current QOF year. (For 2017/18 the practice QOF data collection and reporting were merged with Ley Hill Surgery).
- Staff were aware of current evidence based guidance and had carried out several audits to check these were being followed.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. End of life care was coordinated with other services involved.
- The practice was proactive in improving outcomes for some of its most vulnerable patients. For example, through the involvement in projects aimed at reducing unplanned admissions and provision of support in the community.

Summary of findings

- The practice was able to provide numerous examples of effective working and sharing of information to help improve outcomes for patients and ensure patients received appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (published July 2017) showed some results which were lower than local or national averages. The July 2017 data collection was just after the formal takeover by the new provider. A further patient satisfaction survey carried out in-house showed significantly improved results in which patients rated the practice highly across many aspects of care.
- Feedback from the CQC comment cards and the practices own survey showed that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about support services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were currently undertaking the Gold Standard Framework accreditation training programme to help improve the provision of end of life care at the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. Since transferring to a new provider the practice had widened the range of services available to patients.
- Patients we spoke with said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence seen showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Outstanding



Summary of findings

- The practice had a clear vision with quality and safety as its top priority. Falcon Medical Centre was in special measures when it was taken over by Ley Hill Surgery (now known as OHP – Ley Hill Surgery). In a relatively short space of time staff had managed to transform the surgery to deliver high quality care and promote good outcomes for patients. The level of service provision had been expanded to meet the needs of the local population.
- The practice had benefited from being part of a wider Sutton Coldfield Group Practice and had adopted best practice and innovative schemes from member practices.
- High standards were promoted and owned by all practice staff. Protected learning time was available for all staff. Staff were currently undertaking the gold standard framework accreditation training scheme to improve standards in end of life care.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Proactive governance of the practice had enabled staff to identify risks and concerns which they had addressed to support safe care, including prescribing concerns and quality of patient records.
- There was engagement with the local community in order to support the reduction in health inequalities within the area.
- The practice sought feedback from staff and patients. Patient participation was limited although feedback received through the inspection and the practice in-house survey showed improvements in patient satisfaction.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. In conjunction with other practices within the Sutton Coldfield Group Practice, two community matrons had been employed to focus on admissions and discharges in the over 70 year olds. This had led to reductions in admissions, hospital bed days and reduced costs with appropriate support given to patients to keep them safe at home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Practice staff were currently undertaking the gold standard framework accreditation training to help improve end of life care needs for earlier identification of patients.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Patients could access an Age Concern Wellbeing Co-ordinator to provide social and other support where needed.
- The practice had built links and received positive feedback from a local care home in which they provided support to patients.
- The practice was proactively working to improve the standard of end of life care through accredited training.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The practice followed up on patients with long-term conditions discharged from hospital.
- Patient's outcomes as measured through the Quality Outcomes Framework (QOF) were in line with CCG and national averages. Data for 2016/17 showed the practice had achieved a QOF score of 97%.

Summary of findings

- Since the practice transferred to a new provider QOF scores for diabetes indicators so far for 2017/18 had reached 81%.
- Quality of patient records and coding at the practice had been a major concern when the practice was taken over. Clinical staff had been working to improve the quality of patient records in order to improve the accuracy of information and ensure patients with long term conditions were identified and received appropriate follow up.

Families, children and young people

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

- From documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice met with the health visitor on a monthly basis.
- Practice staff told us that they had high numbers of non-attendances of children at hospital and would routinely follow these up.
- Immunisation rates were relatively high for standard childhood immunisations with the exception of Meningitis C.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. Practice staff told us that patients under 16 would be seen even if appointments were no longer available.
- Appointments were available outside of school hours with a GP and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group and we saw examples of those. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice was currently liaising with the local secondary school to support with education on sexual health and childhood obesity.

Good



Working age people (including those recently retired and students)

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

- The needs of working age people had been identified and the practice was working to develop services that were accessible,

Good



Summary of findings

flexible and offered continuity of care for this group of patients. Although the practice did not directly offer extended opening hours patients were able to access extended hours appointments in the evenings at Ley Hill Surgery.

- Due to recent change in the practice IT system online services for booking appointments and repeat prescriptions had only recently become available.
- Uptake of national cancer screening programmes was in line with local averages but slightly below national averages.
- The practice offered an electronic prescription service which enabled prescriptions to be sent electronically from the GP practice to a patients chosen pharmacy for patient convenience.
- The practice had improved and expanded the provision of sexual health and contraceptive services to this group of patients.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability and with caring responsibilities.
- The practice had established links with a local charity providing support to local people such as food and other supplies so that they could help with any medical concerns.
- We saw numerous examples of cases where information of concern from other agencies had been actively followed up by the practice to help keep vulnerable patients safe.
- Only one patient on the learning disability register had received an annual health review in the last 12 months. The practice was aware this was something they needed to do and had been focussing on other priorities such as the completeness of patient records in order to accurately identify patients.
- There were 19 patients identified on the practice's carers register (0.9% of the practice list). Information was available to signpost these patients to various support available, they were also prioritised for flu vaccinations and health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Good



Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Unpublished QOF data from the practice for the current year (2017/18) so far showed 68% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- Unpublished QOF data from the practice for the current year (2017/18) so far showed the practice had achieved 69% of the total points available for indicators relating to mental health.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs and had undertaken audits to check evidence based guidelines were being followed.
- The practice had carried out home visits to patients with poor mental health whose condition made it difficult for them to visit the practice.
- The practice had organised for a mental health link worker from the charity MIND to run regular clinics at the practice. They were able to refer or signpost patients to appropriate services such as counselling or benefits advice. Over the last ten months they had been able to support approximately 40 patients.
- The practice had a GP who was a trained Substance Misuse prescriber and had successfully applied to provide this service at Falcon Medical Centre.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2017. The results showed the practice performance was in some areas lower than local and national averages. A total of 369 survey forms were distributed and 95 (26%) were returned. This represented 4.5% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by phone compared to the CCG average of 59% and national average of 71%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 84%.
- 69% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% national average of 85%.
- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 77%.

The survey was completed during the early stages of the provider taking over Falcon Medical Centre. The provider felt these results did not represent the feedback they were receiving. Immediately following our inspection the practice sought to complete an in-house patient survey using the same questions for direct comparison over a

week in October 2017. A total of 92 patients responded representing 4.4% of the practice's patient list. This showed significantly improved scores on patient satisfaction. For example:

- 78% of patients said they found it easy to get through to this practice by phone.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried.
- 95% of patients described the overall experience of this GP practice as good.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed comment cards. We also spoke with two patients. Feedback received from patients was very positive about the standard of care received. Patients told us that staff were caring and professional and that they were treated with dignity and respect.

We received feedback from five health and social care professionals who worked closely with the practice. They were also positive about the working relationship they had with the practice.

The practice received feedback from four patients through the Friends and Family test for September 2017, all said they would be extremely likely to recommend the practice to others.

OHP-Falcon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to OHP-Falcon Medical Centre

OHP-Falcon Medical Centre is a member of the provider organisation Our Health Partnership, a partnership of approximately 40 practices and 340,000 patients across the West Midlands area. Our Health partnership aims to support the member practices in meeting the changing demands of primary care. The practice also sits within NHS Birmingham Cross City 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 is currently managed on a day to day basis by OHP-Ley Hill Surgery. Ley Hill Surgery originally provided care taking arrangements when the previous provider of Falcon Medical Centre left. Under the previous provider the practice had been rated as inadequate by CQC. This report was published in April 2016. Ley Hill Surgery formally took over responsibility for Falcon Medical Centre in January 2017 and now shares the same practice code as Ley Hill Surgery in which nationally reported data such as the quality and outcomes framework (QOF) are jointly reported.

The practice is also currently undergoing a merger with five other practices within the Sutton Coldfield area to form one practice (The Sutton Coldfield Group Practice) consisting of approximately 52,000 patients.

OHP-Falcon Medical Centre is located in purpose built premises. Falcon Medical Centre is located in a deprived area within the predominantly affluent Sutton Coldfield area of the West Midlands. It is the only area within Sutton Coldfield that is within the 20% most deprived areas nationally. The practice has a registered list size of approximately 2100 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

Most of the practice staff including all clinical staff are shared across Falcon Medical Centre and Ley Hill Surgery. Currently practice staffing consists of five GPs (three male and two female) who in total provide one whole time equivalent GP for the practice (10 sessions). Two of the GPs cover 60% of all the sessions at the practice. Nursing cover is provided by five nurses (including two nurse prescribers) and a health care assistant. There is a practice manager (who covers both practice sites) and a team of three administrative/reception staff.

The practice is open Monday to Friday between 8.15am and 12.15pm and between 4pm to 6pm except on a Wednesday afternoon when the practice is closed. When the practice is closed between 8am to 8.15am, 12.15pm and 4pm and 6pm to 6.30pm cover is provided by another provider 'Primecare'. During the out of hours period (6.30pm to 8am) cover is provided by 'Birmingham and District General

Detailed findings

Practitioner Emergency Room (BADGER) group'. Extended opening hours are available on two evenings each week at the OHP- Ley Hill Surgery, patients at Falcon Medical Practice are able to use this service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local CCG to share what they knew. We carried out an announced visit on 16 October 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including two GP, a practice nurse, the practice manager and reception/administrative staff).
- We spoke with a member of the practice's patient participation group.
- We spoke with health and social care professionals who worked closely with the practice.

- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information made available to us in relation to the running of the practice.

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 were provided for specific groups of people and what good care looked 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 living with dementia).

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

When we inspected under the previous provider in January 2016, we rated the practice as inadequate for providing safe services as the arrangements for identifying and managing risks relating to staffing, infection control, the premises, equipment and unforeseen events were not adequate.

Under the new provider these arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff were aware of their roles and responsibilities for reporting incidents. A reporting form was available on the practice computer for this. The practice manager supported staff in the reporting of incidents as needed.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had six recorded significant events over the last year. We reviewed examples of reported incidents and found that these were thoroughly investigated with clear actions and learning taken to improve. In one example the practice had identified an issue where secondary care medicines prescribed for a specific condition were not recorded and had led to the prescribing of a medicine in which there were contraindications. This led to changes in all third party prescribing so that they were now recorded in the patient notes showing any interactions when prescribing.
- We saw that learning from incidents was shared with staff at practice meetings and within the Our Health Partnership through a new shared IT system. We also saw an example of an incident in which the practice had notified the National Reporting and Learning System (NRLS) for wider sharing of learning.
- We saw clear evidence of action taken in response to alerts such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA) and local alerts.

These included an alert which highlighted risks associated with a specific medicine and a local alert with regards to the immunisation of at risk patients. The new IT system required practices to record action taken to ensure they had been completed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. There was information clearly available which outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff knew who this was. Staff demonstrated they understood their responsibilities and were able to provide examples of concerns they had raised and acted on. GPs told us that where possible they would attend safeguarding meetings and provide reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Notices were displayed throughout the practice which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead for the practice. There was an IPC protocol and staff had received online training. A CCG led IPC audit had been carried in April 2017. The practice scored 88% the main areas of concern related to the equipment and environment. An action plan was

Are services safe?

put in place and we saw evidence that action had been taken to address the issues raised. Improvements made included the replacement of chairs in the waiting area, some refurbishment of the premises and replacement of stock.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Following the practice take over, staff identified significant concerns with repeat prescribing arrangements which included patients on high risk medicines. Audits were undertaken to identify relevant patients and systems and process were put in place to ensure appropriate monitoring took place for those patients. The practice was supported by a local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced for this.
- On taking over the practice, staff also identified concerns with the cold chain arrangements for storing vaccines. A domestic fridge had been adapted for the purpose which had resulted in fluctuations in fridge temperatures that were outside those recommended by medicine manufacturers. The practice had also suffered power cuts. Staff took appropriate action to replace the fridge with a specialised medicine fridge and had contacted Public Health England for advice on the vaccines.

We found appropriate arrangements in place for the recruitment of new staff.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in

previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- Tenancy issues that had previously been a cause of concern had been resolved with the change in provider and areas in need of refurbishment were being addressed.
- The practice had an up to date fire risk assessment. Records showed fire equipment had been maintained. Staff told us that there had been a recent fire drills but no records were maintained of this. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Consideration had been given to the skills needed for Falcon Medical Practice when deploying staff to work there (such as long term conditions and sexual health expertise) and additional staff had been employed. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Practice staff told us that they did not use locums and were able to cover shifts by sharing staff from Ley Hill Surgery.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.
- The emergency equipment and medicines were regularly checked to ensure they were in place and fit for use.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might be needed.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected under the previous provider in January 2016, we rated the practice as requires improvement for providing effective services as the arrangements for ensuring staff providing care and treatment had the qualifications, competence, skills and experience to do so safely were not adequate.

Under the new provider these arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were being followed through the use of audits and checks of patient records. For example, we saw several audits undertaken in relation to high risk medicines such as anticoagulants and lithium therapy to check the practice was adhering to current guidance.
- Clinical staff attended protected learning events to update their knowledge.
- The practice made use of templates for long term conditions to ensure consistency in care and were looking to standardise these across the whole Sutton Coldfield Group Practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2015/16 which related to the former provider. We therefore asked the practice for their unpublished QOF results for 2016/17 and progress against 2017/18.

Data from the Practice showed that when Ley Hill Surgery first provided care taking arrangements at Falcon Medical Centre in October 2016 the projected end of year QOF score at this time was 37% for clinical indicators and 56% for public health indicators. The actual achievement for the year end in March 2017 was 97% for clinical indicators and 100% for public health indicators.

QOF data for 2017/18 was being jointly reported with Ley Hill Surgery. At the time of the inspection we saw that the two practices were making good progress against QOF with achievement for clinical indicators overall currently at 81%. Performance for other indicators included.

- 81% for diabetes related indicators.
- 80% for asthma related indicators.
- 69% for mental health related indicators.

The practice was currently focussed on ensuring all patients were up to date with their long term condition reviews and were introducing a recall system developed by one of the Sutton Coldfield Group Practices.

There was significant evidence of quality improvement including clinical audit. When Ley Hill Surgery took over care taking arrangements in October 2016 Falcon Medical Centre was rated as inadequate by CQC. Incoming staff immediately identified concerns in relation to record keeping and repeat prescribing. They had sought to improve patient medical histories and summaries through consultations with patients and had taken a programme of clinical audits to identify areas for improvement and ensure patients were receiving appropriate care and treatment.

- The practice shared with us nine clinical audits that had commenced during the last 12 months. Although the majority of these were first cycle audits there was clear evidence of action being taken to improve the care and treatment patients received.
- Clinical audits included reviews of several high risk medicines including Disease-modifying anti-rheumatic drugs (DMARDs), direct oral anticoagulants (DOACs) and antipsychotic medicines. One of the medicine audits was a completed two cycle audit which demonstrated an improvement from 22% of patients not receiving appropriate monitoring in December 2016 to 100% receiving appropriate monitoring in September 2017.
- The practice had seen a reduction in hypnotic prescribing and of inappropriate nutritional substances with the support of a prescribing support dietitian.

Are services effective?

(for example, treatment is effective)

- However, the practice had identified an increase in antibiotic prescribing which they believed to correspond to a reduction in accident and emergency (A&E) attendances. Data from the practice showed the monthly cost of A&E attendances was showing a downward trend during 2016/17. For example in April 2016 the cost was approximately £8000 while in March 2017 the cost of A&E attendances was approximately £6000.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The majority of staff had been brought over from Ley Hill Surgery with skills required to support the practice population. This enabled the practice to meet patient needs and widen the scope of service provision. Some of the nursing staff had undertaken specific training and had qualifications in the management of long term conditions including respiratory diseases and diabetes. One of the GPs had expertise in sexual health which provided a wider range of contraceptive and sexual health services to the practice population.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Two new practice nurses had been employed and were being supported to undertake a practice nurse course at a local university.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had access to protected learning time. For example, all staff were currently undertaking training to improve end of life care through the gold standard framework accreditation training scheme. Through the Sutton Coldfield Group Practice protected learning time was also being used to upskill nursing teams in chronic disease management.
- Staff felt the practice was supportive of training. Appraisals were in progress following the takeover of the practice to a new provider. Some had already been carried out where staff worked across sites.

Coordinating patient care and information sharing

Practice staff were working to improve the quality of patient records and coding was currently being carried out by clinical staff. We saw that information needed to plan and deliver care and treatment was being managed in a timely and accessible way through the practice's patient record system. At the time of inspection we saw that there were no backlogs in actioning patient information received. Buddy systems were used by the GPs when on annual leave for covering patient information including test results.

The practice had recently changed the patient record system from Emis to SystmOne to ensure compatibility across the practices. This enabled clinical staff to still deal with patient information in a timely way when working from Ley Hill Surgery.

We found the practice proactive in working with and responding to information gained from other services. We received eleven case studies from the practice where staff had effectively used the information to support and ensure the safety of some of their most vulnerable patients. For example, in response to concerning information received the practice was alerted to a vulnerable patient who was previously unknown to them. A GP and practice nurse visited the patient at their home but when unsuccessful were directed to a charity organisation (which distributed food and other items) where they found the patient. Although the patient refused support they were made aware the practice was open to them. Staff discovered the charity maintained a list of other vulnerable patients in the area and established links so that the charity could share with them any concerns in the future about patients who might need support.

Staff worked together and with other health and social care professionals 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. As part of the wider Sutton Coldfield Group Practice, Falcon Medical Practice was participating in a successful established project to support and reduce unplanned admissions and to facilitate earlier patient discharge from hospital with appropriate support. The project which focussed on patients over 70 years old employed two community matrons (known as ACE nurses) to work with secondary care consultants as well as other health and social care providers including those in the third sector to

Are services effective?

(for example, treatment is effective)

facilitate care and to support the patient in their home. Pilot work on the scheme showed a reduction in the number of hospital deaths, bed days and costs. The member practices were supported by an urgent care dashboard where they could track their patient admissions at two local hospitals.

Meetings took place every six weeks with other health care professionals including palliative care and community nursing teams to discuss those with end of life care needs. Meetings with the health visitor also took place on a monthly basis to discuss any children at risk. Community health care staff we spoke with were positive about the relationship they had with the practice. They told us practice staff were supportive and responsive to concerns.

The practice was also responsible for patients at a local care home, we received positive feedback from the home regarding the care and support received from the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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 and guidelines for capacity to consent in children and young people.
- We saw information displayed in the treatment rooms in relation to the Mental Capacity Act and Gillick competencies (relating to contraceptive and sexual advice and treatment in the under 16 year olds).
- The practice had a template for recording mental capacity assessments when providing care and treatment.
- The practice provided some contraceptive services for which formal consent was recorded and documented.
- At the time of take over practice staff were unaware of patients under Deprivation of Liberty Safeguards (DOLs) because this information had not been collected in the notes. The new provider made contact with the local care homes to ensure the information was recorded.
- We saw information recorded in patient records where consent had been provided by a patient to enable practice staff to share information with another member of the family.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example: patients receiving end of life care, those at risk of unplanned admission, carers, those with poor mental health and those requiring advice on leading healthier lifestyles.

Practice links with the third sector organisations enabled patients and their families to access support services including:

- a Wellbeing co-ordinator from Age Concern who specialises in social prescribing.
- the Alzheimer's Society clinic supporting patients and their families with dementia.
- the MIND clinic for patients with low level mental health conditions where they could be referred or signposted to various support services including counselling and benefits advice.

The latest published data available for the uptake for the cervical screening programme related to 2015/16 which predates the current provider. The practice provided us with their unpublished cervical screening data for the current year (2017/18) jointly reported with Ley Hill Surgery. Results available from the practice so far this year showed a 78% uptake. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

The latest available data on the uptake of national screening programmes for bowel and breast cancer screening also predates the current provider. This was comparable to the CCG but below national averages. For example cancer data from Public Health England (2015/16) showed:

- 64% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 73%.
- 50% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Published data available (2015/16) related to the previous provider, the practice provided us with childhood immunisation data from Public Health England for the last 12 months (1 October 2016 to 30 September 2017). Uptake rates for the

Are services effective?

(for example, treatment is effective)

vaccines given showed the practice was exceeding the 90% national standards for vaccines given to under two year olds. For most vaccinations the practice had achieved 100% the exception being meningitis C at 57%. The practice looked into this and found four which were due or booked in this month and the remaining nine had been sent reminder letters. The rates for the vaccines given to five year olds who had completed their vaccination courses ranged from 94% to 97%.

The practice maintained records of all 'at risk' patients who may require flu vaccinations.

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

Are services caring?

Our findings

When we inspected under the previous provider in January 2016, we rated the practice as good for providing effective services. Under the new provider the practice continues to be rated as good for providing effective services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice alerting patients to this.
- Music was played in the waiting area to reduce the risk of confidential information being overheard.
- Patients could be treated by a clinician of the same sex.

Feedback we received through the 15 patient Care Quality Commission comment cards and the two patients we spoke with was very positive about the practice. Patients told us that they were very happy with the service and were treated with dignity and respect. They described the staff as helpful, professional and caring. Four of the completed CQC comment cards commented on recent improvements to the service and one included an example of compassionate care provided to a vulnerable patient.

Results from the latest national GP patient survey published in July 2017 showed patient satisfaction with consultations with nurses was mostly comparable to CCG and national averages but below CCG and national averages for consultations with GPs. Helpfulness of reception staff also received scores that were below CCG and national averages.

We spoke with practice staff about the results from the national GP patient survey. The practice had carried out two in-house patient surveys which gave positive results however, these had included relatively low numbers of

patients. Immediately following the inspection the practice carried out another patient survey which enabled direct comparisons to be made with the national GP patient survey. A total of 92 patients responded approximately 4.4% of the practice list. The results showed significant improvements on the national GP patient survey results published in July 2017. For example:

- In the national GP patient survey 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%. The practice survey showed 97% of patients said the GP was good at listening to them.
- In the national GP patient survey 69% of patients said the GP gave them enough time compared to the CCG and the national average of 86%. The practice survey showed 93% of patients said the GP gave them enough time.
- In the national GP patient survey 77% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. The practice survey showed 99% of patients said they had confidence and trust in the last GP they saw.
- In the GP national patient survey 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%. The practice survey showed 96% of patients said the last GP they spoke to was good at treating them with care and concern.
- In the national GP patient survey 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%. The practice survey showed 95% of patients said the nurse was good at listening to them.
- In the national GP patient survey 88% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%. The practice survey showed 93% of patients said the nurse gave them enough time.
- In the national GP patient survey 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%. The practice survey showed 100% of patients said they had confidence and trust in the last nurse they saw.

Are services caring?

- In the national GP patient survey 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%. The practice survey showed 92% of patients said the last nurse they spoke to was good at treating them with care and concern.
- In the national GP patient survey 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%. The practice survey showed 99% of patients said they found the receptionists at the practice helpful.

Care planning and involvement in decisions about care and treatment

Feedback received from patients through the CQC comment cards told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw examples of personalised care plans.

Results from the national GP patient survey (published July 2017) showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were lower than local and national averages for GPs but comparable for nurses. However, the practice's own patient survey undertaken during October 2017 showed significantly improved results on questions relating to patient involvement. For example:

- In the national GP patient survey 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%. The practice survey showed 95% of patients said the last GP they saw was good at explaining tests and treatments.
- In the national GP patient survey 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%. The practice survey showed 96% of patients said the last GP they saw was good at involving them in decisions about their care.
- In the national GP patient survey 90% of patients said the last nurse they saw was good at explaining tests and

treatments compared with the CCG average of 84% and the national average of 90%. The practice survey showed 93% of patients said the last nurse they saw was good at explaining tests and treatments.

- In the national GP patient survey 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%. The practice survey showed 92% of patients said the last nurse they saw was good at involving them in decisions about their care.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- An electronic referral service was used with patients as appropriate. (The electronic referral service gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. As part of the unplanned admissions avoidance scheme some of the practices most vulnerable patients were supported by a community nurse who was able to signpost and refer them to relevant support and volunteer services that were available locally.

The provider also recognised high levels of mental health issues in the area. A support worker from the charity MIND regularly attended the practice and was able to signpost relevant patients to various support including counselling and social support.

The practice's computer system alerted GPs if a patient was also a carer. Carers were invited to identify themselves to the practice so that they could receive further support. The practice had identified 19 patients as carers (0.9% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was also information available to carers on the practice website. Staff told us that patients who were identified as carers were offered health checks and flu vaccinations.

Are services caring?

Staff told us that if families had experienced bereavement, they were followed up with a call from a GP to offer further support if needed. Relevant services were also informed and patient information updated to minimise the risk of further upset to the family.

As a member of the Sutton Coldfield Group Practice, staff were undertaking the Gold Standard Framework accreditation training programme to help improve end of life care. For example, through earlier identification and planning for a wider range of patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected under the previous provider in January 2016, we rated the practice as requires improvement for providing responsive services as the arrangements for managing complaints was not adequate.

Under the new provider these arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. When Ley Hill Surgery originally took over the Falcon Medical Centre they quickly recognised the practice population had very different needs to their main site. Sutton Coldfield is a relatively affluent area within the West Midlands however, Falcon Medical Centre is situated in a small pocket of deprivation within Sutton Coldfield. Consideration was therefore given to staffing needs including the skills and expertise required.

The practice also engaged with the local Clinical Commissioning Group as part of the Aspiring to Clinical Excellence (ACE) scheme aimed at driving standards and consistency in primary care and delivering innovation.

- With the introduction of a new provider patients now had access to long term condition clinics, a wider range of sexual health and contraceptive services and social prescribing.
- Although the practice did not have extended opening hours patients unable to attend appointments during normal working hours could obtain appointments at Ley Hill practice on two evenings each week.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS or were signposted to other clinics for vaccines available privately.
- There were accessible facilities for patients with mobility difficulties, including ramp access and a bell for assistance if needed.

- The practice had a hearing loop and offered interpretation services.
- The practice website could be translated into a variety of languages.
- Patients who would benefit were referred to a support worker from the charity MIND who operated a clinic from the premises. They were able to refer and signpost patients to support such as counselling or benefits advice.
- The provider had put in place baby changing facilities.
- The practice recognised the need to provide a service for drug and alcohol misuse and had successfully applied to provide this service.
- The practice actively supported patients over 70 years as part of the unplanned admission project. Community matrons employed through the wider Sutton Coldfield Group Practice were able to support safe discharges and help reduce hospital readmissions by putting in place arrangements to help keep patients safe at home.
- The practice participated in the ambulance triage scheme in which GPs provide advice to paramedics and facilitate support for patients with primary care as an alternative to accident and emergency.
- The practice was establishing links with local services including the local secondary school to provide sexual health support. They had also established links with a local charity shop who held information and supported vulnerable patients in the area.

Access to the service

The practice was open Monday to Friday mornings between 8.15am to 12.15pm and between 4pm to 6pm on a Tuesday, Thursday and Friday. On a Wednesday afternoon the practice closed. When the practice was closed between 8am to 8.15am, 12.15pm and 4pm and 6pm to 6.30pm there were arrangements in place with another provider to handle calls and pass these on to the GPs. However, details relating to access published on the practice website varied from what we were told.

During the out of hours period services were provided by another out of hours provider. The practice offered some advance appointments up to two weeks in advance but most were same day and urgent appointments. Patients could also book a telephone consultation on request.

Results from the national GP patient survey (published July 2017) showed that patients' satisfaction with how they could access care and treatment was mostly in line with

Are services responsive to people's needs?

(for example, to feedback?)

CCG averages but below national averages. The exception was satisfaction with opening hours and the experience of making an appointment which were below local and national averages. An in-house survey undertaken by the practice during October 2017 showed improvements in patient satisfaction with access to the service.

- In the national GP patient survey 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%. The practice survey showed 83% of patients were satisfied with the practice's opening hours.
- In the national GP patient survey 59% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% the national average of 71%. The practice survey showed 78% of patients said they could get through easily to the practice by phone.
- In the national GP patient survey 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%. The practice survey showed 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment,
- In the national GP patient survey 82% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%. The practice survey showed 95% of patients said their last appointment was convenient.
- In the national GP patient survey 59% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%. The practice survey showed 88% of patients described their experience of making an appointment as good.
- In the national GP patient survey 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%. The practice survey showed 80% of patients said they don't normally have to wait too long to be seen.

Feedback from the completed CQC comment cards and the two patients we spoke with told us that they were usually able to get appointments when they needed them. Only one patient told us that they found it difficult obtaining an appointment.

On the day of inspection we saw that the next available routine appointment with a GP was within three working days.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff were aware of situations where patients may require more urgent medical attention, details of urgent cases and home visit requests were recorded and seen by the GP.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A poster was displayed in the waiting room and there was a complaints form available for patients to record their concerns.

The practice had received one written complaint in the last 12 months we found this had been handled appropriately in a timely way. Complaints were discussed as part of the practice meeting. However, the practice did not have a system for recording verbal complaints received to support the identification of trends or learning. Following the inspection this was introduced by the practice.

Are services well-led?

Outstanding



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

Our findings

When we inspected under the previous provider in January 2016, we rated the practice as inadequate for providing services that were well-led as the governance arrangements were not adequate.

Under the new provider these arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as outstanding for providing services that are well-led.

Vision and strategy

The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

The practice had a clear vision with quality and safety as its top priority. The strategy supported innovation and we saw evidence of strong leadership. The governance, performance management and culture within the practice helped to drive and improve the delivery of care and promote good outcomes for patients which reflected best practice.

- Falcon Medical Centre was rated inadequate when it was taken over by Ley Hill Surgery. Ley Hill Surgery originally provided care taking arrangements which became permanent in October 2016. In September 2017 the practice registered with CQC under the provider organisation Our Health Partnership. Clinical staff identified concerns in relation to the quality and safety of care patients received, the quality of patient records and repeat prescribing. An action plan was subsequently produced. At this inspection we found staff had made substantial progress to address the actions needed to turn around the practice.
- The provider recognised the practice had a distinct population with specific needs and that to move the practice list to one site would result in lengthy journeys for those without their own transport. In order to drive improvement appropriate staffing provision with skills to meet the patients' needs and expand service provision was sought. For example, staff with expertise in the management of long term conditions, sexual

health and contraceptive services and social prescribing. Where services were not available staff had made successful applications to deliver a service for example, the management of substance misuse.

- The practice had a mission statement which focussed on providing high quality patient centred care. This was displayed in the waiting areas and staff knew and understood the values.
- The practice had secured a longer term future vision for the practice and had joined Our Health Partnership (OHP), a partnership of nearly 40 practices in the West Midlands working together to respond to the changing demands in primary care. Our Health Partnership had formally registered as a provider with CQC and were supporting the day to day running of the practices within the partnership.
- In addition the practice had joined the Sutton Coldfield Group Practice. A partnership of six practices that once the IT and governance arrangements were fully in place would become one practice with a list size of approximately 52,000. Through this partnership patients at Falcon Medical Centre were already sharing the benefits such as the active management of unplanned admissions.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance and performance management arrangements were proactive and proactively reviewed to reflect best practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as the management of long term conditions.
- Practice specific policies were implemented and were available to all staff. These had been updated and reviewed for the service.
- Staff had a comprehensive understanding of the performance and had been proactive in striving to ensure patients at the practice received good patient outcomes. The practice had started from a low base and within six months had managed to improve QOF scores for clinical indicators during 2016/17 from a predicted 56% to an actual 100% over a six month period.

Are services well-led?

Outstanding



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

- Under the OHP partnership key performance indicators and quality monitoring arrangements were being developed to support member practices. A new IT system enabled practices within OHP to share learning, alerts and best practice.
- There was a strong collaboration and support with a focus on improving quality of care. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice. This included weekly staff meetings. These were usually held at Ley Hill Surgery but once a month were held at Falcon Medical Centre and involved all staff.
- As part of the new Sutton Coldfield Group Practice nursing staff were starting to meet together on a monthly basis, to share learning and best practice.
- The practice had made use of clinical audit in response to significant events, alerts and concerns identified in patient care. The audits allowed staff to identify the extent of those concerns and ensure patients were receiving care and treatment in line with evidence based guidance.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Practice staff had been proactive in identifying and acting on risks. For example, a CCG led infection control audit had identified issues relating to the environment which we saw had been addressed. Other risks identified included repeat prescribing, cold chain and patient records all of which had been addressed. The practice gave several examples where they had actively responded to information of concern in relation to vulnerable patients. A detailed action plan was in place which had been continuously monitored on a monthly basis against the areas of concern. This showed all actions were completed by June 2017.

Leadership and culture

Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed. On taking over Falcon Medical Centre the partners immediately recognised the health inequalities in the area and were motivated by this. Falcon Medical Centre was an outlier in terms of deprivation, social problems, and a younger population with some drug issues. The partners spoke with passion about the need to deliver better healthcare within the

practice population. This was being addressed through existing staffing skills and developing new areas of expertise needed. As well as building relationships within the local community.

The provider was aware of and had systems to support 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.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. Health and social Care professionals spoke highly of practice staff and found them responsive with any concerns or queries they had.
- Staff told us the practice held regular team meetings, they told us there was an open culture within the practice.
- Staff said they felt respected, valued and supported, particularly by the leadership. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

The practice encouraged and valued feedback from patients and staff.

- As part of the Sutton Coldfield Group Practice Partnership a new joint patient group was being established with representatives from each of the practices. The group had yet to be fully embedded and the Falcon Medical Practice had only one representative in contrast to other practices. The first session was held at Ley Hill Surgery and had the potential to be a barrier to some patients without their own transport. We spoke with a member of the group who advised us that the first session had mainly been about setting the boundaries of the patient group.
- The practice had carried out two in house surveys, one of these was at the early stages of take over. Results

Are services well-led?

Outstanding



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

were positive but numbers of respondents limited. Following our inspection a further in-house patient satisfaction survey was completed with significantly improved results compared to those of the national GP patient survey published in July 2017.

- The practice also participated in the NHS Friends and Family test, again positive results were received but the numbers of respondents were small.
- Staff told us that they had opportunities to provide feedback through staff meetings and each staff group had an opportunity to contribute to those. Staff told us the partners were approachable and took the time to listen to them. 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.

Continuous improvement

Following the takeover of Falcon Medical Centre, staff were motivated to improve the service patients received. This included improving patient access to services such as long term condition clinics and sexual health and contraceptive

services, clinics not previously in place for diabetes and respiratory conditions had been set up. Patients at the practice also benefited from innovative schemes that had been developed and successfully implemented at other local practices. This included the active case management to reduce hospital admissions and support earlier safe hospital discharge through health and social support within the community. Under this scheme staff told us that three patients were successfully being supported in their home and that there were six patients in hospital where they were working closely with the hospital to identify support needs.

Practice staff received protected learning time and through this all staff members were currently undertaking training to improve end of life care through the gold standard framework accreditation training scheme. The practice had also recently been approved to provide substance misuse services.

Being part of the Sutton Coldfield Group Practice enabled the sharing of ideas and best practice for example, systems for monitoring recall for patients with long term conditions.