Kinghurst 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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingshurst Medical Practice on 22 September 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected 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.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Develop systems to ensure that GPs are made aware when patients do not collect their prescriptions within a set timescale.

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?

Good

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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There was no system in place to alert GPs when patients did not collect their prescriptions. Systems were in place to plan and monitor the number of staff required for the smooth running of the practice.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all non-clinical staff with appraisal of nursing staff planned. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said that urgent appointments were 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 easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Longer appointments and home visits were available for older people when needed.

The practice worked in partnership with multi-disciplinary teams to discuss each patient's situation and agree next step planning. Patients' expectations, values and choices were taken into consideration when planning care; the needs of carers are also included in this process.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and work was continuing regarding this. The practice were in the process of monitoring disease registers to ensure that these were up to date. The practice offered a range of in house services such as anticoagulation monitoring, dietary, weight management and smoking cessation. Longer appointments and home visits were available when needed. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. Practice staff received training and met on a regular basis to discuss national guidelines to ensure they were working to best practice standards.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice met regularly with multi-disciplinary teams to discuss children who were on a child protection plan or those who were at risk. All practice staff had access to contact details for the local safeguarding team; safeguarding was a fixed item on each practice meeting agenda.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good

Summary of findings

examples of joint working with midwives and health visitors. Community midwives delivered antenatal checks and post natal examinations from the practice two days a week and GPs delivered eight week baby checks from the surgery

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Text messaging reminders for appointments had recently been introduced as well as telephone appointments to enable those staff with work commitments access to services.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Read codes were used on the practice's computer system to alert staff of homeless patients registered with the practice. Regular reviews of the practice register were undertaken to monitor for any changes in patient circumstances. Annual health checks were carried out for people with a learning disability and 95% of these patients had received a follow-up.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. The Citizens Advice Bureau attended the practice once per week and were able to provide guidance and support to practice patients regarding non-medical issues.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

of patients with mental health illness registered with the practice was higher than the CCG average and the prevalence of depression was nearly double that of the CCG and national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A weekly Primary Care Mental Health Service was held at the practice and the practice were able to refer patients in need of mental health support. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice sign posted patients to self-help and self-referral schemes locally so support mental wellbeing.

Summary of findings

What people who use the service say

The national GP patient survey results for 2014/15 showed that in some areas the practice was performing below local and national averages. There were 111 responses and a response rate of 27%. The results of this survey relate to a time period when other care taker organisations were in place at Kingshurst Medical Practice. The current provider of the service were aware of the issues identified and had undertaken further surveys to gather patient views. Since April 2015 the practice had given out patient experience forms, gathered the results and had started to take some action to address issues identified. The results of the national patient survey are detailed below along with the action taken by the practice to resolve issues identified.

- 43% found it easy to get through to this surgery by phone compared with a CCG average of 66% and a national average of 73%.
- 65% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 57% described their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

The majority of reception staff have been employed at this medical practice for many years. Patients had identified that they found it difficult to get an appointment and that there were queues at the practice. As a result of this two new receptionists were employed and reception staff had undertaken customer services training. Comments made on the July 2015 practice's patient experience forms acknowledged improvements since reception staff had undertaken training.

- 39% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 51% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 45% feel they did not normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

Upon review of the patient experience forms it was identified that patients were still unhappy with appointment availability, reception queuing, inability to see a female GP and that they were unable to see a permanent GP. As a result of this feedback and the results of the national patient survey, the practice employed two female GPs and plan to recruit more GPs. The practice have also increased the number of appointments available.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received no comment cards. We saw that comment cards were available on the reception desk.

Areas for improvement

Action the service SHOULD take to improve

Develop systems to ensure that GPs are made aware when patients do not collect their prescriptions within a set timescale.

Kinghurst Medical Practice

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 advisor with experience of primary care services.

Background to Kinghurst Medical Practice

Kingshurst Medical Practice is registered for primary medical services with the Care Quality Commission (CQC). Intrahealth has been providing services at this location since April 2015. Previously services were provided by other unrelated providers. We have not inspected this provider at Kingshurst Medical Centre before.

Kingshurst Medical Practice is part of NHS Solihull Clinical Commissioning Group (CCG) and provides primary medical services to approximately 7,900 patients in the local community under a personal medical services contract. The population covered is predominantly white British and is located in one of the most deprived areas covered by the NHS Solihull Clinical Commissioning Group.

The staffing establishment at Kingshurst Medical Practice includes two salaried GPs (female), two nurse practitioners (female), a practice nurse (female), a health care assistant (female), a practice manager, reception manager, eight reception/administrative staff, a coder/summariser and a medical secretary. The practice are actively recruiting for further staff and until the full staffing establishment is achieved, locum GP and nurse practitioner support is also provided each week.

The practice offers a range of clinics and services including chronic obstructive pulmonary disease with spirometry (COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections. Spirometry is the measurement of lung function including the volume and speed of air that can be exhaled and inhaled), anticoagulant monitoring and dosing, asthma and smoking cessation.

The practice opening times are

Monday 8am to 6.30pm

Tuesday 8am to 6.30pm

Wednesday 8am to 6.30pm

Thursday 8am to 6.30pm

Friday 8am to 6.30pm

The practice had opted out of providing out-of-hours services to their own patients. This service was provided by an external out of hours service contracted by the CCG.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

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

How we carried out this inspection

Before inspecting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We sent the practice comment cards to enable patients and members of the public to share their views and experiences of the service. However, we did not receive any completed comment cards. We carried out an announced visit on 22 September 2015. During our visit we spoke with a range of staff including a GP, the GP medical lead, a nurse, a nurse practitioner, the practice manager and reception manager and two administrative staff. We also spoke with four patients who used the service including two patient participation group members (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of care. This practice had an active patient participation group (PPG). We spent some time observing how staff interacted with patients**.**

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
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us that they were encouraged to report concerns and significant events and were aware where both paper and computer recording forms were kept. We were told about the 'task' on the computer system which enabled staff to complete computerised forms and forward these direct to the practice manager. One staff member spoken with discussed a recent significant event that they had reported.

We discussed the range of incidents that could be classed as a significant event. We identified that not all complaints received were entered onto the system and automatically treated as a significant event. The medical lead and practice manager confirmed that discussions had recently been held regarding this. The practice had recorded 15 significant events which we were told related to the immediate risk identified when Intrahealth took over the practice in April 2015. Action had been taken to address the majority of these significant events.

There had been no analysis of the significant events recorded since April 2015. The practice manager demonstrated that this was planned to take place on a quarterly basis in line with Intrahealth policy.

We reviewed safety records and the 'significant event actions taken report'. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used a computerised system to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies which were accessible to all staff clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and nurse for safeguarding. Staff demonstrated they understood their responsibilities and training had been arranged for 23 September 2015.
- A notice was displayed in the waiting room and in consultation rooms advising patients that chaperones were available if required. All staff who acted as chaperones had received in-house training and had received a disclosure and barring check (DBS). Administrative staff spoken with were aware of the role of the chaperone including where to stand to observe the procedure. (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had undertaken an in-house fire risk assessment and had completed any actions identified. We were told that an external company would be completing a further risk assessment in the near future. Staff spoken with were aware of the action to take in case of a fire, including the assembly areas. There had been no fire drill since Intrahealth took over the practice in April 2015. However we were told that fire drills were planned. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice premises were owned by Solihull Metropolitan Borough Council (Solihull MBC). We were told that Solihull MBC had undertaken a legionella risk assessment but this had not been made available to the practice manager. The practice immediately requested a copy of this document which we received following this inspection. This risk assessment was undertaken in 2014 and some immediate issues for action were identified. The practice manager confirmed that these actions were in the process of being completed. The practice manager was identified as the lead regarding legionella and the health and safety policy updated to make staff aware of this. A copy of a training package was sent to us following our inspection. The aim of the training was to inform staff of the legionella management arrangements and protocol. The regular flushing of rarely used water outlets was undertaken and recorded.
- We were told that a new cleaning company had recently been employed following an audit completed by the

practice manager which identified unacceptable standards of cleanliness. We observed the premises to be visibly clean and tidy. Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the infection control clinical lead and was arranging contact with the local infection prevention team to undertake a review as the practice had recently been refurbished. The practice manager had completed basic infection control update training for all staff including hand hygiene. Further infection control training was being booked. We saw a copy of the infection control audit completed in September 2015 and we saw evidence that some action had been taken to address any improvements identified as a result. This was ongoing. The practice nurse confirmed that they did not record or have a protocol to guide staff regarding the cleaning of equipment used on a daily basis such as ECG machine (electrocardiogram is a test that checks for problems with the electrical activity of your heart) and blood pressure monitoring cuffs. This had been noted on the infection control audit. The medical lead confirmed that this had been under review and systems would be implemented to demonstrate the level of cleaning required and undertaken.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). In 2014, the practice had been identified as an outlier regarding antibiotic prescribing, pain relieving medicines prescribing and usage of oral nutritional supplements. Work undertaken including regular medication audits carried out with the support of the local CCG pharmacy teams resulted in improvements in antibiotic and other prescribing bringing the practice in line with CCG averages. Prescription pads were securely stored and there were systems in place to monitor their use. Systems were in place to review and destroy uncollected prescriptions. Notes were recorded on patient records but there was currently no system in place to inform GPs that a prescription had not been collected. Patient group directions (PGD) were available and had been signed by nurses, including locum nurses who were working to these directions. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed the personnel files of two recently recruited staff, these files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Reception/administrative staff spoken with told us that they covered each other in times of staff absence. Two GPs, a nurse practitioner and two reception staff had been employed recently. The practice manager confirmed that there were still some staff vacancies. Long term locum GPs and nurse practitioners were being used until the vacancies were filled.

A serious case review had been undertaken regarding an incident that had occurred when a previous 'care taker' organisation at Kingshurst Medical Practice was in place. The serious case review was held to establish lessons to be learned from the case about the way in which local professionals and organisations worked individually and together to safeguard and promote the welfare of children. We saw a copy of the action plan which demonstrated that all actions had been completed apart from the recruitment of further staff and safeguarding training for staff which had been booked for 23 September 2015.

Arrangements to deal with 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. All 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. Records were available to demonstrate that this equipment was checked on a regular basis and staff were aware whose responsibility this was. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Good

Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Staff told us that they could access NICE guidelines from their computer system. Assessments and treatment were carried out in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date and shared good practice. Guidance was on display for staff to refer to, for example NICE cancer pathways and antimicrobial guidelines were displayed in consultation rooms. The practice monitored that these guidelines were followed through random sample checks of patient records.

The practice identified issues for action, some of which relating to care planning and review of care plans. We were told that care plans for the two percent of the practice population identified as being at risk of admission to hospital had not been reviewed recently. We were told that practice staff were actively trying to address this issue.

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 current QOF results available relate to data from 2013/14 which does not relate to a time when Intrahealth were under contract at this practice. We discussed QOF figures with the practice manager and medical lead who were aware were action needed to be taken to ensure the practice was in line with CCG and national averages. We were told that reviews of disease registers had been undertaken. This was to ensure that practice patients had been identified and their details input on the correct disease register as appropriate. A number of patients had been identified who were not on disease registers and who had not been seen by a GP within an 18 month period. We were told that these patients were currently being reviewed by GPs as a matter of top priority. This was to ensure that patients received the necessary routine checks and support as required. We were told that work would be undertaken regarding QOF once all disease registers were accurate. Staff told us that the practice was working hard to achieve QOF targets for 2015/16.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 11 clinical audits completed in the last six months improvements made were implemented and further audits were planned to monitor outcomes. The practice had a good working relationship with the CCG. On the day of inspection we received good feedback from the CCG learning and development team representative who had completed work with the practice. We were told that since Intrahealth took over Kingshurst Medical practice they engaged well with the CCG and were striving to achieve targets. We saw evidence that the practice participated in applicable local audits such as medicine optimisation audits and had worked alongside the CCG to address antibiotic, opioid (pain relieving medicines) and sip feed (oral nutritional supplement) prescribing as the practice were previously outliers in these areas. We saw evidence that the practice was now within CCG averages regarding this.

Consultation records were audited on a random basis to ensure records were completed to satisfactory standards.

Effective staffing

The newly employed practice manager had reviewed staff training and was not confident that staff had recently undertaken all training required. Following the review, urgent training needs were identified and training carried out and other training booked. Training such as safeguarding, information governance, infection control, mental capacity, basic life support and equality and diversity was completed by staff. Staff had access to and made use of e-learning training modules and in-house training. Any further learning needs of non-clinical staff had recently been identified through a system of appraisals, meetings and reviews of practice development needs. One member of staff spoken with was in the process of arranging a national vocational qualification (NVQ) level 5

Good

Are services effective?

(for example, treatment is effective)

course in management and the health care assistant (HCA) had requested to enrol on a diploma course which we were told was being arranged. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff. As part of the induction process staff were given a copy of the staff handbook and copies of various policies and procedures. Staff also received training which covered adult and child safeguarding, equality and diversity, fire safety, health and safety and confidentiality.
- Nursing staff were currently responsible for ensuring that their clinical professional development was up to date. The practice manager confirmed that systems would be set up to ensure that centralised records were kept to monitor and support this. Clinical staff had access to appropriate training to meet learning needs and to cover the scope of their work. Clinical staff attended protected learning time (PLT) events on a monthly basis. Staff spoken with confirmed that they are actively encouraged to attend training courses. All non-clinical staff had received an appraisal within the last 12 months. Nursing staff appraisals had not been undertaken. These had been arranged with the practice manager and newly employed GPs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We were told that the practice worked with the integrated care team and had a meeting planned for October 2015. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, the review and update of care plans was identified as a matter of priority for the practice and work had commenced on this.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. GPs spoken with were aware of issues that affected patient consent such as the mental capacity act and best interest decisions. Staff understood the relevant consent and decision-making requirements of legislation and guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse confirmed that they would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition, patients with alcohol dependency, those requiring advice on their diet, smoking or vulnerable patients. Patients were then signposted to the relevant service. Some of these services were available to patients at the practice on a weekly basis. For example the Citizens Advice Bureau, health trainers and healthy minds. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 77.9% and the national average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

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

Practice nurses delivered childhood immunisations and community midwives deliver antenatal checks and post natal examinations from the practice two days a week and GPs deliver eight week baby checks from the surgery.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients spoken with said that there had been a lot of changes at the practice. We were told that there had not been a continuity of care with most of the services previously provided by locum GPs. However, patients said that staff were helpful, caring and treated them with dignity and respect. Two patients spoken with were not aware that two salaried GPs had now been employed at the practice which they felt would help with continuity of care. We also spoke with the chair and the secretary of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients rated the practice lower than CCG and national averages regarding how they were treated. The practice was also below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 73% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 73% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 76% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 55% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 97% and national average of 97%.

However it should be noted that at the time that these results were obtained a care taking organisation was in post at Kingshurst Medical Practice and only locum GPs were available. Since Intrahealth were contracted in April 2015 two GPs and an advanced nurse practitioner had been employed. Patients we spoke with on the day of inspection told us that there had been improvements recently and that GPs took their time to listen. We were told that patients felt involved and had everything explained to them so that they could understand. The practice had also been undertaking an ongoing patient evaluation exercise to obtain up to date feedback about the service provided by Intrahealth. We saw that positive comments were being received, including positive feedback regarding the services received from GPs and nursing staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

One patient spoken with said that they had not received any support from the practice when their relative had passed away. We were not able to establish whether this had occurred prior to April 2015. However the practice manager told us that currently there were no formalised systems in place regarding bereavement but this would be treated as a priority and systems put in place in line with

Good

Are services caring?

Intrahealth policy. The practice manager suggested that a sympathy card would be sent, patients would be offered an appointment with a GP and referred to CRUSE if this was felt appropriate

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice told us how it delivered services to meet the needs of its patient population. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as asthma and diabetes. There were nurse led services such as the vaccinations, cervical smear tests as well as disease management services which aimed to review patients with common illness and aliments.

People with learning disabilities and those with long term conditions were offered longer appointments. Home visits were undertaken to those patients who were unable to attend the practice due to frailty or immobility. Appointments were available outside of school hours for children and young people and patients who work during normal office hours. A weekly Primary Care Mental Health Service was held at the practice and the practice were able to refer patients in need of mental health support.

The practice was working towards implementing the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient expectations, values and choices. The needs of carers and their families care and support needs were taken into consideration when planning care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available throughout the day until the practice closed at 6.30pm. We were told that GPs lunches were staggered to accommodate patients as much as possible. Text messaging reminders for appointments had recently been introduced as well as telephone appointments to enable those staff with work commitments access to services. Home visits were also carried out twice per day, once in the morning and once in the afternoon. Extended hours surgeries were currently not offered. We were told that these would be re-introduced when further GPs had been employed.

Results from the national GP patient survey published in July 2014 showed that patients' satisfaction with how they could access care and treatment was mixed in relation to local and national averages. For example:

- 71.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.8% and national average of 76.9%.
- 43% find it easy to get through to this surgery by phone compared with a CCG average of 66% and a national average of 73%.
- 46.2% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 74.6%.
- 51% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.

People we spoke with on the day said that it could be difficult to get appointments when they needed them but confirmed that they didn't usually have to wait long to see a GP. The practice had identified issues for action and had taken some steps to try and address issues raised. For example two new reception staff had been employed and more appointment slots were being left available for patients to book on-line. The practice had planned an update of the telephone system and were discussing this with the newly employed GPs.

Listening and learning from concerns and complaints

The practice had a system in place 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 and staff spoken with were aware who this was within the practice.

We saw that information was available to help patients understand the complaints system. Posters were on display on a noticeboard in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had made a complaint about the services provided at the practice.

We saw that the practice had responded to 14 complaints received in the last six months and found that these were dealt with in a timely way. We saw that complaints had been received via NHS Choices, verbally in the practice, via telephone, letter and through NHS England. The practice had recorded all actions taken and were open and transparent when dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

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care. For example, complaints had been received about lack of continuity of care. Two salaried GPs were recently employed and the practice manager is recruiting further clinical staff.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Intrahealth vision statement has been made available to all staff at the practice. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice manager and medical lead discussed the challenges faced by the practice and the action to be taken to address these challenges. Challenges identified included poor public perception of the practice, low staff morale and recruitment of staff. We were told that an open day was planned for Spring 2016 so that patients could meet new staff and be updated regarding any changes planned or recently undertaken at the practice. Staff spoken with confirmed that they had received training and support from the new management and staff said that they felt that everyone now worked well as a team. Recruitment of staff is ongoing; however, two GPs, reception staff and a practice nurse had recently been employed.

Governance arrangements

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

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

Leadership, openness and transparency

Intrahealth have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Staff told us that two new GPs had been employed and they could discuss any issues or concerns they had with them or with the practice manager or medical lead. We were told that management were approachable and always took the time to listen to all members of staff. Staff said that the atmosphere at the practice had changed recently and staff were encouraged to be open and honest. We were told that management were firm but fair, supportive and honest. Regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Friends and Family Test (FFT), through patient surveys and complaints received. There was an active PPG which met bi-monthly. The PPG chair told us that there were good lines of communication between the PPG and the practice. We were told that the new practice manager had completed a presentation for the PPG regarding marketing activities planned, patient feedback including the number of complaints received and practice performance. The PPG always received feedback from the practice regarding issues raised. There had been no recent patient surveys undertaken by the PPG as they were waiting for the recruitment of GPs and for Intrahealth to 'settle in' before they developed a survey. Two patients we spoke with told us that the new management had turned the practice around in the short time that they had been in post.

Staff told us that the new management of the practice had made vast improvements in the short time they had been in post. We were told that staff felt more confident due to the support received and new system put in place. Staff said that management expected high standards and encouraged staff to strive to achieve this. We were told that management were open, honest and fair. Staff told us they felt involved and engaged to improve how the practice was run.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

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management. We were told that management were approachable and gave staff support when they needed it. Staff said that they were able to speak out at appraisal or at the regular staff meetings held.