

Ambar Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Ambar Medical Centre on 9 November 2016. The overall rating for the practice was requires improvement.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Ambar Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 15 February 2018.

This practice is rated as good overall. (The practice was rated requires improvement at our previous inspection on 9 November 2016).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings were as follows:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learnt from them and improved their processes. Information and learning from significant events was discussed at clinical and practice meetings.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice worked closely with other health and social care professionals involved in patient's care. Regular meetings with the community nursing teams and palliative care teams were held to discuss the care of patients who were frail / vulnerable or who were receiving end of life care. The nurse practitioner met

Summary of findings

regularly with the health visitor and midwife to discuss new patients under the age of five, children with protection plans, looked after children and pregnant ladies where there were any concerns.

- The practice had carried out clinical audits to review the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. The audits seen demonstrated quality improvements.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- We found that the scores for GPs and nurses in the GP Patient Survey published July 2017 were lower than the local averages. The practice had developed an action plan to address these issues and was carrying out a patient satisfaction survey based on the same questions as the national survey. The results collated to date demonstrated an improvement in patient satisfaction.

- The practice was committed to health education and promotion for the whole of the practice population. Information was available in a range of different languages and the lead GP was involved with community groups to share information with the wider community.
- The practice co-hosted a quarterly support meeting with Walsall Carers Association for carers and cared for patients. Information for carers was on display in the waiting room and on the website.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

There were areas of practice where the provider should make improvements:

- Continue to monitor and improve on patient feedback.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Ambar Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Ambar Medical Centre

Dr Hammad Lodhi is registered with the Care Quality Commission (CQC) as a single handed provider operating two GP practices in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Ambar Medical Centre, Milton House, 151 Wednesbury Road, Walsall, West Midlands, WS1 4JQ.

There are approximately 2,233 patients of various ages registered and cared for at the practice. Demographically the practice has a higher than average patient population aged under 18 years, with 37% falling into this category, compared with the CCG average of 24% and England average of 21%. Five per cent of the practice population is above 65 years which is considerably lower than the CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health condition is 28% which is considerably lower than the local CCG average of 56% and national average of 54%. The

practice provides GP services in an area considered as one of the most deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- One male lead GP partner (2 sessions), one salaried GP (female / 2 sessions) and one locum GP (male / 5 sessions).
- A part time practice pharmacist.
- A part time female nurse practitioner.
- A female part time health care assistant.
- A management team which included a practice manager, assistant practice manager, practice administrators and reception staff.

The practice is open Monday to Thursday from 8.30am until 6.30pm, and 8.30am to 12 noon on Friday. The telephone lines are open from 9am to 12 noon, and 3pm until 6.30pm Monday to Thursday and 9am until 12 noon on Friday. When the telephones are not answered by practice staff during core hours, WALDOC provides a call handling service. In the out of hours period between 6.30pm and 8.30am on weekdays and all weekends and bank holidays the service is provided through the NHS 111 service.

GP consultation times are between 9am and 12 noon Monday to Friday, and 3pm and 6pm Monday to Thursday. Nurse practitioner appointments are available between 9.30am until 1pm on Monday, 3pm until 5pm on Tuesday and 9am until 5pm on Thursday. Health care assistant appointments are available between 9am and 5pm on Monday and Thursday and 3pm to 5pm on Tuesday.

The practice offers a range of services for example: management of long-term conditions, child development

Detailed findings

checks and childhood immunisations, contraceptive and sexual health advice. Further details can be found by accessing the practice's website at www.ambarmedical-lowerfarm.nhs.uk

Why we carried out this inspection

We undertook a comprehensive inspection of Ambar Medical Centre on 9 November 2016 under Section 60 of

the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Ambar Medical Practice on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of Ambar Medical Practice on 15 February 2018

Are services safe?

Our findings

At our previous inspection on 9 November 2016 we rated the practice as good for providing safe services. Following this inspection we rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Contact details for safeguarding teams were on display in treatment and consultation rooms.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice met with the health visitor and midwife to discuss new patients under the age of five, children with protection plans, looked after children and pregnant ladies where there were any concerns. Discussion also took place around children who did not attend for their immunisations.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The nurse practitioner was

the lead for IPC. The local IPC team had carried out an audit in January 2018. The audit highlighted a number of issues with the cleanliness of the building. The practice manager had met with the cleaning company and a four week improvement plan had been put in place. Staff had been made aware of the audit and action plan as it had been discussed at the practice meeting.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. The practice had secured the services of two regular locum GPs.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The practice held three monthly meetings with the community nursing and palliative care teams to discuss the care of patients who were frail / vulnerable or who were receiving end of life care.

Are services safe?

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The practice stocked a comprehensive list of emergency medicines. A detailed risk assessment had been completed for those emergency medicines that the practice had chosen not to stock. Emergency medicines were available for GPs to take on home visits.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The Clinical Commissioning Group (CCG) provided the practice with data on their antibiotic prescribing. There was evidence of actions taken to support good antimicrobial stewardship. We saw that medicines management including antibiotic prescribing was discussed at clinical meetings and clinical staff followed the CCG medicines formulary (The medicines formulary is a list of medicines approved for use).
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Patients on high risk medicines were managed appropriately. We checked three patients on a high risk medicine used to treat rheumatoid arthritis and all had up to date blood test monitoring.

- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific directions from a prescriber were in place.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had recorded 12 significant events during 2017. We saw that significant events were discussed at clinical and practice meetings. The practice learned, shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw that alerts were discussed at the clinical meetings.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection on 9 November 2016, we rated the practice as required improvement for providing effective services. This was because Quality Outcome Framework (QOF) results for the practice were lower than the local and national averages.

These arrangements had improved when we undertook a follow up inspection on 15 February 2018. We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was following guidance and prescribing effectively in the following areas:
- The practice was comparable to other practices for hypnotic prescribing (July 2016 – June 2017). The Clinical Commissioning Group (CCG) and England average daily quantity of hypnotic prescribing was broadly one (for that therapeutic group). The practice average daily quantity was also broadly one for patients within that therapeutic group.
- The percentage of high risk antibiotics prescribed (Co-amoxiclav, Cephalosporins or Quinolones) was 5.7%, compared to the CCG average of 5.3% and the England average of 8.9% (July 2016 – June 2017).
- The practice was below the CCG and national averages for antibiotic prescribing (July 2016 – June 2017). The number of items the practice prescribed was 0.8% compared with the CCG and national average of 1%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- The practice had a lower than average number of patients aged 75 years and over, with only 56 patients in this age range. These patients were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice participated in the national immunisation programmes for shingles, pneumonia and influenza.

People with long-term conditions:

- The practice took a holistic approach when reviewing patients with long-term conditions and reviewed all conditions during the one review.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice used the information collected for the Quality and 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 for 2016/17 showed that 92% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma control. This was higher than the clinical commissioning group (CCG) average of 77% and the national average of 76%. Their exception reporting rate of 0% was below the CCG average of 3% and the national average of 8%. Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- 82% of patients with diabetes had a blood pressure reading (measured in the preceding 12 months) within recognised limits. This was comparable to the CCG average of 80% and the national average of 78%. Their exception reporting rate of 8% was comparable to the CCG average of 6% and national average of 9%.
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been

Are services effective?

(for example, treatment is effective)

over a period of time was 72% compared with the CCG average of 81% and the national average of 80%. The practice exception reporting rate of 8% was lower than the CCG average of 10% and the national average of 12%.

- The practice was working closely with the diabetic specialist nurse to provide additional support for patients with diabetes. The practice referred pre-diabetic patients to a diabetes prevention programme.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given during 2016/17 were slightly below the target percentage of 90% or above. The practice was aware of this and worked proactively with the health visitor to encourage parents to bring their children for immunisations. The nurse practitioner told us they carried out monthly checks to identify children who had not attended for their immunisations. They also asked parents of newly registered children under the age of 5 years to bring in their immunisation record, and if the immunisations were not up to date, the child was invited in.
- The practice offered sexual health services, for example contraception.

Working age people (including those recently retired and students):

- The percentage of women eligible for cervical screening at any given point who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 65 years was 63% (April 2016 to March 2017). This was below the 80% coverage target for the national screening programme. The CCG and national averages were 72%. The practice was working with the specialist community cytology nurse, who provided a dedicated monthly clinic. The practice contacted patients prior to their appointment as a reminder to attend. Educational information about cervical screening was available in a range of languages.
- 91% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months. This was comparable with the CCG average of 91% and the national average of 89%.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. One hundred and thirty five patients had been invited for to a NHS health check during the previous 12 months and 75 patients had attended.
- People whose circumstances make them vulnerable:
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including patients who misused substances, house bound patients, refugees, those with a learning disability and children in need or with a child protection plan in place.

People experiencing poor mental health (including people with dementia):

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 85% and the national average of 84%. Their exception rate of 0% was lower than the CCG average of 6% and the national average of 7%.
- 100% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was above the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the CCG average of 94% and the national average of 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 100% compared to the national average of 95%.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice showed us four audits that had been completed since 2016, which were linked to best practice guidance. These audits demonstrated health improvements.

One of the audits looked at whether patients diagnosed with chronic kidney disease (CKD) were prescribed a cholesterol lowering medicine. The first audit cycle identified that 11 out of 15 patients on the CKD register were prescribed the appropriate medicine. The four patients not prescribed the appropriate medicine were reviewed and prescriptions issued where appropriate. The second audit cycle identified that 13 out of 16 patients on the CKD register were prescribed the appropriate medicine. The practice had not prescribed these three patients the medicine as it was not appropriate to do so. Therefore the second audit demonstrated that the patients with CKD were prescribed the appropriate medicine.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for 2016/17 showed the practice had improved their performance and had achieved 96% of the total number of points available, compared with the CCG and national average of 97%. Their overall clinical exception reporting rate was 6% which was lower than the CCG rate of 8% and national rates of 10%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by

audit of their clinical decision making, including non-medical prescribing. We saw evidence that a review of the nurse practitioner's prescribing had been undertaken.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- We saw that the practice worked closely with the midwife to support pregnant women who were vulnerable.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice referred patients with possible cancer using the urgent two week wait referral pathway. There was system in place for recording referrals.
- The practice was part of a local initiative to encourage participation in the bowel screening programme. This initiative involved following up patients who failed to respond or responded inappropriately to the screening kit.
- Information for patients about national screening programmes (breast and bowel cancer) was available for patients in a range of different languages.

Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice actively encouraged home blood pressure monitoring for patients with high blood pressure.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our previous inspection on 9 November 2016, we rated the practice as requires improvement for providing caring services. This was because:

- Data from the national patient survey showed lower scores for consultations than other practices locally and nationally.

Following this inspection we have rated the practice, and all of the population groups, good for providing caring services. This was because although the National GP Survey results published in July 2017 were lower than practices locally and nationally, the ongoing practice satisfaction survey demonstrated improvements in these areas.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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. Notices were displayed informing patients of the availability of a private room.
- All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixty one surveys were sent out and 59 were returned. This represented about 2.6% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 64% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%. This was a decrease of 17% compared to the previous survey results.

- 65% of patients who responded said the GP gave them enough time, compared with the CCG average of 83% and the national average of 86%. This was a decrease of 16% compared to the previous survey results.
- 79% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 94% and national average of 96%. This was a decrease of 15% compared to the previous survey results.
- 60% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 82% and the national average of 86%. This was a decrease of 13% compared to the previous survey results.
- 72% of patients who responded said the nurse was good at listening to them, compared with the CCG and national average of 91%. This was a decrease of 17% compared to the previous survey results.
- 74% of patients who responded said the nurse gave them enough time, compared with the CCG average of 91% and the national average of 92%.
- 87% of patients who responded said they had confidence and trust in the last nurse they saw, was the same as the CCG and national average of 97 %.
- 61% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG average of 92% and national average of 91%. This was a decrease of 21% compared to the previous survey results.

The survey showed that 62% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%. This was an increase of 5% compared to the previous survey results.

The practice had reviewed the results from the GP survey published in July 2017 and developed an action plan to address the issues identified. In order to evaluate the effectiveness of the action, the practice was undertaking its own patient satisfaction survey. The survey contained 24 questions which corresponded directly with the questions asked in the national GP patient survey.

The survey was due to run from January to March 2018. On the completion of the survey, the results would be evaluated.

Are services caring?

The practice provided results from the survey up until the end of February 2018. Two hundred and seven surveys had been completed. This represented about 9.2% of the practice population. The results collated so far demonstrated improvements. For example:

- 92% of patients who responded said the GP was very good or good at listening to them.
- 90% of patients who responded said the GP was very good or good at giving them enough time.
- 98% of patients who responded said they had confidence and trust in the last GP they saw.
- 90% of patients who responded said the last GP they spoke to was very good or good at treating them with care and concern.
- 92% of patients who responded said the nurse was very good or good at listening to them.
- 93% of patients who responded said the nurse was very good or good at giving them enough time.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw.
- 91% of patients who responded said the last nurse they spoke to was good or very good at treating them with care and concern.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had increased the number of carers identified from 18 to 33 patients (1.5% of the practice list). All new

patients were asked on registration if they were a carer or they were cared for and received an information leaflet. The practice's computer system alerted GPs if a patient was also a carer.

- The practice invited carers and cared for patients to a quarterly support meeting which they co-hosted with Walsall Carers Association. The next meeting was organised for February 2018. Information packs were given to carers at these meetings. Information for carers was on display in the waiting room and on the website. Carers were offered 'flu vaccinations.
- The practice demonstrated a good understanding of the needs of their practice population in relation to bereavement support. The practice provided individualised bereavement support for families in accordance with their cultural and religious needs.
- The principle GP was working closely with community leaders to provide information for local communities regarding end of life care and support available for patients in the community setting.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs and nurses were lower than the local and national averages. For example:

- 59% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 87%. This was a decrease of 12% compared to the previous survey results.
- 53% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 79%; and the national average of 82%. This was a decrease of 21% compared to the previous survey results.
- 67% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 91% and the national average of 90%.
- 65% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 86% and national average of 85%. This was a decrease of 13% compared to the previous survey results.

Are services caring?

The practice provided results from the survey up until the end of February 2018. Two hundred and seven surveys had been completed. This represented about 9.2% of the practice population. The results collated so far demonstrated improvements. For example:

- 92% of patients who responded said the last GP they saw was very good or good at explaining tests and treatments
- 89% of patients who responded said the last GP they saw was very good or good at involving them in decisions about their care.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 9 November 2016, we rated the practice as requires improvement for providing responsive services. This was because:

- Data from the national patient survey showed lower scores for access than other practices locally and nationally.

Following this inspection we have rated the practice, and all of the population groups, good for providing responsive services. This was because although the National GP Survey results published in July 2017 are lower than practices locally and nationally, the ongoing practice satisfaction survey demonstrated improvements in these areas.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests, advanced booking of appointments, links with local funeral directors for the timely production of death certificates.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. Patients with mobility issues were seen in consulting rooms on the ground floor.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were provided for housebound patients and telephone consultations for patients unable to access the practice within normal opening times.
- New patient checks were offered to patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had been involved in a pilot scheme to introduce social prescribing to help direct patients to the most relevant care service. This pilot had developed into a carers support network.

- The practice was working with community leaders to promote awareness and provide education around national screening programs, health promotion and end of life care.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and nurse practitioner also accommodated home visits for those who had difficulties getting to the practice.
- Older patients with long-term conditions were offered annual reviews, either at the practice or in their own homes.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice worked closely with other health and social care professionals to discuss and manage the needs of patients with complex medical issues or required end of life care.
- The practice offered in house spirometry (a simple test used to help diagnose and monitor certain lung conditions) and electrocardiograms (ECG) (a simple test that can be used to check heart rhythm).

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.
- The practice co-hosted antenatal clinics with the community midwives.

Working age people (including those recently retired and students):

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online services such as repeat prescription requests and appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability, refugees and those housed locally in refugees or rehabilitation centres.
- Patients with a learning disability were offered longer appointments and an annual review. The practice had 20 patients on the register and 25% of patients had attended for their annual review. We saw that the practice was proactive in encouraging patients who had previously not attended to attend for their annual review.
- The practice worked with the palliative care team and community nursing teams to support patients near the end of their life and those who were frail and / or housebound.
- The practice supported people who were accommodated in a local addiction rehabilitation centre, in a women's refuge and refugees.
- Staff told us homeless people could be registered at the practice using the local homeless centre for their postal address.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with a mental health diagnosis were offered an annual review of their physical health needs.
- The practice was actively screening patients for dementia. Patients living with dementia and their carers were offered regular reviews and written care plans.
- The practice co-hosted clinics with the community mental health nurse.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Reception staff had written guidance to follow when making appointments to ensure patients were seen by the most appropriate clinician.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed. For example:

- 57% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%. This was an increase of 1% compared to the previous survey results.
- 46% of patients who responded said they could get through easily to the practice by phone compared with the CCG and national average of 71%. This was an increase of 6% compared to the previous survey results.
- 29% of patients who responded 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 70% and the national average of 76%.
- 44% of patients who responded said their last appointment was convenient, compared with the CCG average of 78% and national average of 81%.
- 37% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 72% and national average of 73%.
- 20% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 57% and national average of 58%.

The practice had reviewed the results from the GP survey published in July 2017 and developed an action plan to address the issues identified. In order to evaluate the effectiveness of the action, the practice was undertaking its own patient satisfaction survey. The survey contained 24 questions which corresponded directly with the questions asked in the national GP patient survey.

Are services responsive to people's needs?

(for example, to feedback?)

The survey was due to run from January to March 2018. On the completion of the survey, the results would be evaluated.

The practice provided results from the survey up until the end of February 2018. Two hundred and seven surveys had been completed. This represented about 9.2% of the practice population. The results collated so far demonstrated improvements. For example:

- 90% of patients who responded were very satisfied or fairly satisfied with the practice's opening hours.
- 83% of patients who responded said they could get through easily to the practice by phone.
- 58% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointments and 31% of patients got an appointment but had to call back closer to the day.
- 90% of patients who responded said their last appointment was very convenient or fairly convenient.
- 88% of patients who responded described their experience of making an appointment as very good or fairly good.
- 53% of patients who responded said they don't normally have to wait too long to be seen.

Four of the 16 patient Care Quality Commission comment cards we received commented that it was hard to get an appointment. The three patients spoken with told us they could get an appointment when they needed one, although they may have to wait for an appointment with the female GP.

The practice had secured the services of two regular locum GPs to support the lead GP and extended the times of

clinics, which had resulted in an increase in GP appointments. The practice was able to audit the telephone system and monitor the time taken to answer incoming calls. The practice continued to review the availability of appointments on a weekly basis to ensure the system met the needs of the patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. We saw that patients received detailed responses to their complaints.
- We saw that complaints were discussed at practice meetings to make staff aware of the learning from complaints and any specific action that they were required to take.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Reception staff had been provided with training in customer care, so they understood their responsibilities and took ownership of queries that patients raised with them.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 9 November 2016 we rated the practice as good for providing well-led services. Following this inspection we rated the practice, and all of the population groups, as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The nursing staff and administration staff spoke highly of the support provided by the GPs and the management team.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients. The practice was aware of the cultural diversity within the practice population and organised services to help meet patients cultural needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients received apologies where appropriate and a clear explanation about what had occurred. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. One member of staff told us about the support they had received following a challenging situation with a patient.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.

Are services well-led?

Good 

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

- We saw that systems were in place to ensure that recommendations made in safety alerts were appropriately actioned and monitored to ensure compliance.
- We saw that information about the quality and safety of the service was shared with staff through regular clinical and practice meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. The practice had
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. We saw a number of audits which demonstrated quality improvement.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice had introduced a strategy for the management of long-term conditions, which was supported by an effective recall system to ensure patients were reviewed and monitored regularly. Patients with multiple long-term conditions were allocated sufficient time to review all their conditions during one visit.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had reviewed the results from the national GP survey and developed an action plan to address the issues identified.
- There was an active patient participation group (PPG). The PPG had been involved in discussion around the National GP Survey results and practice patient satisfaction survey. We spoke with two members of the PPG, who told us they felt proud to be part of the group and supporting the practice. The PPG lead was also a member of local community groups and was able share the views of the local community with the practice. They told us the practice was proactively trying to work with community groups to promote health education and awareness.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Good 

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was involved in a local initiative to peer review referrals to secondary care. GPs with the locality reviewed reviews on a weekly basis to assess their suitability and where the correct information had been included. A weekly report was submitted to the CCG.
- The lead GP was the locality representative on the CCG and involved in the medicines management and formulary develop group.
- The lead GP was a founding member of the British Islamic Medical (BIM) Association, an organisation which promotes and organises a public health educational programme nationwide. The GP had been engaged in delivering in cardiopulmonary (CPR) training in mosques. The BIM Association was currently promoting cancer screening through visiting mosques and community centres to engage with the wider community.