

Saddlers Health Centre

Quality Report

Saddler's Health Centre
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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saddlers Health Centre on 2 December 2015. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us that they could get an appointment

when they needed one, however there was some delays to routine appointments when doctors were on leave.

- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour. The Duty of Candour aims to help patients receive accurate, truthful information from providers.
- The practice proactively sought feedback from patients and had an active patient participation group.
- Staff could be overheard discussing patient details at the front reception desk when answering the telephone.
- Staff were not always aware of the procedures to follow in the event of an emergency.

The areas where the provider must make improvement:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

The areas where the provider should make improvement:

Summary of findings

- Carry out risk assessments and log maintenance actions required.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated requires improvement as for providing safe services. There was a system in place for reporting, recording, monitoring and reviewing significant events. Staff understood their responsibilities to raise concerns and were encouraged to report incidents and near misses. Lessons were learned and communicated amongst the staff to support improvement and formulate action plans. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, however only two staff had completed training in adult safeguarding, but the staff were aware of who to contact and the procedures to follow if required. Processes for recruitment were not robust enough to maintain patient safety as some staff who had not had DBS (Disclosure and Barring Service) checks completed worked directly with patients. Since the inspection we have received evidence that all staff have been checked.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. There were effective arrangements to identify, review and monitor patients with long term conditions and those in high risk groups to ensure their needs were assessed and monitored. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to meet the complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than the national average for several aspects of care. Patients we spoke with told us they were satisfied with their care and they were listened too and involved in the decisions made by clinical staff. The comment cards patients had completed prior to our inspection provided positive opinions about staff, and the care provided to them. They told us they felt listened too and supported by staff and had sufficient time during consultations to make an informed decision about the

Good



Summary of findings

choice of treatment available to them. We saw that staff were respectful and polite when dealing with patients, however the reception area posed difficulties to maintain confidentiality and staff were aware of this.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice implemented suggestions for improvements as a consequence of feedback from patients and from the patient participation group. Patients said they found it easy to make an appointment and that there was continuity of care with the GPs, unless one of the GPs was away which caused some delay in getting routine appointments. Urgent appointments were available the same day as well as home visits and telephone consultations. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the patient participation group. The practice 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. Information for patients who spoke English was available about services and was easy to understand and accessible, but there was limited information available in other languages.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had a vision and a strategy but none of the staff were aware of this and their responsibilities in relation to it. There was a leadership structure in place and most staff felt supported by management but at times, they felt that they did not get enough support from the GP Partners. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and staff were encouraged to report risks. The practice proactively sought feedback from patients, which it acted on. The patient participation group was active. All staff had received regular performance reviews and monthly staff meetings were held.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example avoidance of unplanned admissions. The practice was responsive to the needs of older people and offered home visits and telephone consultations as required. Same day appointments were provided if requested. Use of integrated care pathways was evident and regular communication with community teams such as the dementia support worker and Rapid Response team was seen.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. We found the clinical team had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and COPD (Chronic Obstructive Pulmonary Disease). Longer appointments and home visits were available when needed. The practice maintained registers of patients with long term conditions and care plans had been developed for these patients and were reviewed regularly. The practice reviewed the most vulnerable two per cent of the practice population who were at risk of admission to hospital. Written management plans had been developed for these patients and were reviewed at least annually. For those patients with the most complex of needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on protection plans. All children under the age of five were offered same day emergency appointments to ensure they were assessed promptly. The premises were suitable for children and babies. There were screening and vaccination programmes in place and the immunisation rates were comparable to the national average. A family planning service was available and one of the GP Partners had a specialist interest in sexual health.

Good



Summary of findings

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 practice provided extended opening hours on Wednesday evenings from 6.30 p.m. to 7.30 p.m. for patients who were unable to visit the practice during normal working hours. The practice also had arrangements for patients to have telephone consultations with a GP if they were unable to attend the practice and non-urgent appointments were available to book on line. The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group. This included health checks for patients aged 40 to 70 years of age with the nursing team.

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 those with a learning disability. The practice regularly worked with multi-disciplinary teams in the management and review of vulnerable people. Home visits were carried out for patients who were housebound and any patient that had requested. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies.

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). Ninety four percent of people experiencing poor mental health had a comprehensive completed plan of care in place. Ninety four per cent of patients with dementia had received a face to face review in the last twelve months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. All comments were positive about the service and staff. Patients commented that staff were helpful, friendly and caring.

We spoke with three patients during the inspection. All three patients said that they were happy with the care they received and could usually get an appointment when needed.

The most recent national GP patient survey results were published on 2 July 2015. The results showed the practice was performing above local and national averages. 420 survey forms were distributed and 122 were returned.

- 83% found it easy to get through to this surgery by phone (CCG average of 76%, national average of 73%).

- 94% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).

- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 65%).

- 97% said the last appointment they got was convenient (CCG average 92%, national average 92%).

- 84% described their experience of making an appointment as good (CCG average 73%, national average 73%).

- 78% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70%, national average 65%).

Areas for improvement

Action the service **MUST** take to improve

Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

Carry out risk assessments and log maintenance actions required.

Saddlers Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC Inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to Saddlers Health Centre

Dr Mahmood and Dr Verma are the registered providers for Saddlers Health Centre. They are registered for primary medical services with the Care Quality Commission. The practice is based in a purpose built building. The registered patient list size is approximately 3359 patients.

The practice is open Monday to Thursday 8.00am to 6.30pm and Friday 8.00am to 1.00pm. There is extended opening hours on Wednesdays from 6.30pm to 7.30pm. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service contracted by the CCG.

There are two GPs working at the practice (one male and one female). The practice employs a practice nurse (female) and a health care assistant (female). There is a team of administrative staff and a practice manager.

The practice has a General Medical Service contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a slightly above average practice population of older patients aged 65 years and over. The deprivation score was higher than the average across England.

Why we carried out this inspection

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

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

We reviewed a range of information we held about the service and asked other organisations and health care professionals to share what they knew about the service. We also sent the practice box with comment cards so that patients had the opportunity to give us feedback. We

Detailed findings

received 20 completed cards where patients shared their views and experiences of the service. We carried out an announced inspection on 2 December 2015. During our inspection we spoke with a range of staff including the practice manager, clinical and non clinical staff. We spoke with patients who used the service and representatives of the Patient Participation Group. We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

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

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

- Is it well-led?

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had an effective system in place for reporting and recording significant events. Staff told us they were encouraged to report any event and they would inform the practice manager of any incidents. Forms both in paper format and on the practice's computer system were available for staff to complete. People affected by significant events received a timely and sincere apology and were informed of the actions that had been taken and changes that had been implemented. Significant events were discussed at staff meetings and action plans and learning points were compiled. We saw evidence of eight documented significant events from the past twelve months. We saw examples of where incidents and learning had been discussed in practice meetings. For example: two week wait referral was delayed due to communication error. Following investigation the practice introduced a new procedure for confirming appointments are within the two week guidelines. The practice had installed CCTV to monitor the car park following an incident, the screens were monitored by staff in the reception area.

Patient safety alerts were received by the practice manager who distributed them to the necessary staff. Follow ups were completed by the practice manager and clinical team and changes were implemented where necessary to improve patient care and monitor effectiveness.

Overview of safety systems and processes

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

- The practice had arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The relevant phone numbers were on display behind the reception desk. All staff had received level two training in safeguarding children but only two staff had completed adult safeguarding training, however staff were aware of who to contact and the procedures to follow if they had any concerns. GPs were trained in safeguarding children to the required level for their role.

- The practice held registers for children and vulnerable adults who may be at risk. A notice in the waiting room advised patients that the chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection clinical control lead and had completed the latest update in November 2015. There was an infection control policy in place, however not all staff had received appropriate training, for example reception staff had only received training in hand washing techniques. The latest infection control audit was in November 2015 and the practice achieved an overall score of 97%. We saw evidence of the audit and the scores received and minutes of the meeting in November 2015 where this was discussed and an action plan generated.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular repeat prescription audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found that there were gaps in recruitment checks being undertaken prior to employment. For example, one member of staff had not provided proof of identification, references were only available in one of the personnel files and two staff had no appropriate checks through the Disclosure and Barring Service and no risk assessments had been completed to determine if DBS checks were necessary. Since the inspection evidence has been received that all staff have had DBS checks.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills, the fire alarm log confirmed regular testing and also included the emergency lighting test records. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. From the recent test in November 2015 the spirometer failed and the item had not been repaired or replaced. The practice had no electrical certificate in place. Since the inspection confirmation has been received that the spirometer has been repaired and electrical test and inspection have been completed.
- The lone worker policy was out of date and not robust enough to meet current practice requirements as the cleaner worked alone after the surgery was closed. No assessments of risk had been carried out and this was not included in the policy. Since the inspection the policy has been reviewed and updated risk assessment completed.

- The emergency call system in the disabled toilet was out of order and no one had checked or reported this. The staff were unaware of where the alarm would sound if the emergency call was activated.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however the practice was having difficulty in retaining administration staff and had seen a large turnover of staff during the past twelve months which was causing pressure on the existing staff and affecting staff morale. One member of staff told us that she felt overwhelmed by the amount of work and pressure. Staff worked additional hours to cover holidays and sickness.

Arrangements to deal with emergencies and major incidents

There were systems in place to alert staff to any emergency. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines checked were in date and fit for use. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of what action to take.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) guidelines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example: patients on the 'at risk' register or with learning disabilities. The practice took part in the avoiding unplanned admissions scheme. Care plans had been developed for these patients and were reviewed annually or when change occurred to the patient's care pathway.

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 most recent published results were 98.2% of the total number of points available, with 3.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was comparable to other practices, the practice achieved (76.99%), this was slightly lower than the national average (77.72%)
- The percentage of patients with hypertension having regular blood pressure tests was comparable to other practices, the practice achieved (87.58%), this was slightly higher than the national average (83.11%)
- Performance for mental health related indicators was comparable to other practices, the practice achieved (94.12%), this was slightly higher than the national average (86.04%).
- The dementia diagnosis rate was comparable to other practices, the practice achieved (94.12%), this was higher than the national average (83.82%)

Clinical audits were carried out regularly to demonstrate quality improvement and all relevant staff were involved to improve care of patients. We saw records of audits that had been completed in the last two years. One of the audits we reviewed was a completed audit looking at patients who had a high risk of developing cardiovascular disease (CVD). The first cycle of the audit identified 62% of these patients were on the required medication, but after review on the second cycle of the audit 99% had been reviewed and commenced on the required medication. The practice worked with the CCG pharmacist, who did regular audits on patients who were taking high risk medicines. The GPs also attended regular CCG meetings and participated in external peer review through the CCG with other local surgeries, national benchmarking, accreditation, peer review and research.

Effective staffing

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 that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through appraisals on a yearly basis. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding children, fire procedures and basic life support. Staff had access to e-learning training modules and protected learning time events.

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. This included care and risk

Are services effective?

(for example, treatment is effective)

assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring people 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 saw evidence of a shared approach with a local cardiologist concerning a patient's plan of treatment and the GPs informed us that the care plans for patients who were identified as part of the admission avoidance scheme were reviewed and discussed regularly with the District Nurses and Community Matron. The GPs reviewed all discharge letters for these patients and liaised with community services for shared follow up and reviews of care plans. The practice had multi-disciplinary team meetings which took place on a six weekly basis and care plans were routinely reviewed and updated.

Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity. The practice also carried out dementia screening and worked with the dementia support worker to ensure patients and families received the support they required. From the 2014/15 data 94% of patients identified on the dementia register had received an annual review.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's Clinical staff have completed online training on

the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Written consent was obtained when required, for example, immunisations, travel vaccinations and minor surgery.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening in the preceding 5 years was at 78%, which was 2% below the national average. Patients were reminded to attend screening tests via letters and telephone. Childhood immunisation rates for the vaccinations given were comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and five year olds were similar to local and national average. Data we looked at showed that flu vaccination rates for the over 65s were similar to local and national average, with the practice currently achieving. These services were delivered by the practice nurse with the support of the GP.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Most patients with long term conditions such as diabetes, asthma, cardiovascular disease (CVD) as well as Chronic Obstructive Pulmonary Disease (COPD) had received medication reviews. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were nine patients on the list and four of them had had a review so far this year with the remaining five patients to be reviewed by the end of March 2016. There were 28 patients registered with a mental health and 17 had received a review along with 24 on the register for dementia and 21 had received a review so far this year.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were pleasant and very helpful to patients and treated people with dignity and respect. We spoke with three patients on the day of our inspection. We also sent the practice comment cards prior to our inspection so that patients had the opportunity to give us feedback. We received 20 completed comment cards where patients shared their views and experiences of the service. All of the cards completed contained positive feedback. From our discussions with patients on the day and the feedback on the comment cards told us that patients were happy with the service they received at the practice. Patients felt that the staff respectful and caring and the doctors and nurses were professional and attentive to their needs.

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 and conversations taking place in these rooms could not be overheard. Patients told us that they had been offered a chaperone for intimate examinations. We also spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff taking incoming calls could be overheard by patients in the waiting room. The staff attempted to keep the call as confidential as possible, but discussions with patients on the phone could be clearly heard. Patients who wanted to speak with a receptionist privately could request this. A poster informing patients that they could speak in confidence away from the reception desk was on display.

We reviewed results from the July 2015 national GP patient survey which showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses in comparison to local and national averages. For example:

- 92% said the GP was good at listening to them compared to the (CCG average 86%, national average of 89%).
- 91% said the GP gave them enough time (CCG average 85%, national average 87%).

• 98% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

• 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

• 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).

• 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that 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 discuss treatment and options available to them. Patient feedback on the comment cards we received were also positive and aligned with these views. Results from the July 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

• 94% said the last GP they saw was good at explaining tests and treatments (CCG average 90% and national average of 90%).

• 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 78% and national average 81%)

Staff told us that interpreting 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, but there was limited information available in other languages of services available within the community.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers.

Are services caring?

GPs told us that if families had suffered bereavement, their usual GP contacted them. This call was to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and met with them monthly to discuss local services and improvements. The services were planned and delivered to take into account the needs of different patient groups and help provide flexibility, choice and continuity of care.

- The service worked in conjunction with community teams and outside agencies to offer support to patients. For example: drug and alcohol support, community psychiatric nurse.
- Same day appointments were available for children and those who required to see a GP urgently, even if no appointments were available, the GPs would accommodate patient requests. There were nurse led services such as chronic disease management, vaccination clinics for babies and children and women were offered cervical screening and family planning services. Patients over the age of 75 years had an accountable GP to ensure their care was co-ordinated.
- Late evening surgery was offered every Wednesday from 6.30pm to 7.30pm for working patients who were unable to attend the surgery during normal opening hours. Also home visits were available for older patients and patients who were unable to attend the surgery.

Information in the waiting room informed patients about the patient participation group (PPG) and encouraged patients to join. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service.

- The practice had arrangements for managing patients with chronic conditions such as asthma, diabetes and heart disease. Patients were invited for regular reviews of their health condition which were carried out by the GPs and trained nurses.
- We saw minutes of meetings where patients with immediate or complex needs were discussed at regular clinical meetings. This ensured that all clinical staff involved in their care delivery were up-to-date and knew of any changes to their care needs. We saw evidence that the

practice worked with a multidisciplinary team for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings every six weeks to discuss patient's needs.

- There were disabled facilities and all the consulting rooms were on the ground floor and accessible to patients in wheelchairs.
- There was no loop induction system for patients with a hearing impairment and the practice had no current plans to address this.
- For patients that did not speak English as a first language a interpreting service was available, but very limited information was available in other languages in the waiting room.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Thursday and 8.00am until 1.00pm Friday. Appointments were from 8.30am to 11.00am every morning except Monday when appointments were available until 11.30am. Afternoon appointments were available on Monday from 2pm to 5.50pm, Tuesday 4.00pm to 6.00pm, Wednesday 3.30pm to 6.00 pm and Thursday 4.30pm to 6.00pm Extended hours surgeries were offered on Wednesday evening at 6.30 pm to 7.30pm In addition pre-bookable appointments could be booked up to two weeks in advance. The practice offered a number of urgent appointments each day for patients that needed them. Children under the age of 5 years were offered same day appointments. The practice did not have pre-bookable telephone consultations but these were offered at the end of morning surgery if a patient needed to speak to a GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them, however two patients we spoke with did inform us that when one of the GPs was away this did cause some delay.

- 78% of patients were satisfied with the practice's opening hours compared to the (CCG average 75%, national average of 75%).
- 83% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 84% patients described their experience of making an appointment as good (CCG average 73%, national average 73%).
- 78% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective 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. We saw that information was available to help patients understand the complaints system. A poster was displayed in the waiting room and a complaints leaflet was available which included all the relevant information.

We looked at two complaints received in the last 12 months and found that they had been dealt with efficiently and in line with recognised guidance. Minutes of complaints discussed and lessons learnt were discussed at staff meeting and also shared with the Patient Participation Group.

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, but the staff we spoke with were unaware of the practice having a mission statement or values. Staff were aware of the changes that the practice proposed to do to improve access to the premises.

The practice applied for an improvement grant in 2014 to improve access to the premises which had been turned down, but they were planning on reapplying in 2016. The GPs were also planning a meeting with the local council to discuss the provision of more free parking spaces on the road, as currently this was very limited and many patients were having to pay for parking when they came to the surgery by car.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a clear leadership structure with named members of staff in lead roles. The practice manager was responsible for the day to day management of the practice, but due to constant staff shortages, they had to spend much of their time covering reception, which reduced the time they had to manage the practice and monitor the provision of services. One of the GP partners was the lead for safeguarding. All the staff we spoke with were aware of who the leads were and who to approach for any issues. Staff members we spoke with were all clear about their own roles and responsibilities. They all told us they felt supported by the Practice Manager.

We saw evidence of positive impact from the following:

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice. Data relating to prescribing and the Quality and Outcomes Framework was reviewed and acted on regularly.
- A system of reporting incidents whereby learning from outcomes and analysis of events took place.
- Regular staff meetings to discuss significant events and complaints and compile action plans were held.

- Safeguarding meetings were held every six weeks with the health visitor to discuss care and protection of children at risk.

- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.

- Confidential information was stored securely.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable, but they did not realise the amount of pressure the staff were under due to staff shortages. Staff told us they were overwhelmed by the amount of work they have to do because of the high turnover of staff.

Staff told us that regular team meetings were held and minutes of meetings were made available to all staff. Staff said they felt comfortable raising any issues with the Practice Manager.

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. The reception team told us they worked well together as a team and shared duties when required, but they felt constantly overwhelmed by the amount of work they had to do and the large turnover of staff. The GPs were involved in appraisal schemes, revalidation and continuing professional development. There was evidence to support that staff had learnt from incidents and there had been shared learning amongst the staff.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a well established patient participation group (PPG) who meet four times a year. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of care. We spoke with three members of the group who told us the practice had been responsive to their suggestions. For example, the practice website was cancelled when the CCG

Are services well-led?

Good 

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

withdrew funding. The PPG suggested that the clinical software provider was contacted to see if they could help the practice. A new website had been constructed and this had been publicised in the waiting room and on practice leaflets and prescriptions to assist patients and carers in obtaining important information. The members told us they supported the practice with collecting patient satisfaction through surveys.

Continuous improvement

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The practice worked closely with the CCG pharmacist to review patients medication were in line with best practice and latest guidelines. The patient participation group invited speakers to their meetings for example; fall prevention age concern and a representative from Walsall Clinical Commissioning Group also attended to discuss the strategy for primary care development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person must operate robust recruitment procedures, including undertaking relevant checks. They must have a procedure for ongoing monitoring of staff to make sure they remain able to meet the requirements. |
| Family planning services | |
| Maternity and midwifery services | |
| Treatment of disease, disorder or injury | |