

Palfrey Health 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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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Palfrey Health Centre on 11 February 2016. 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 knew how to and understood the need to raise concerns and report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and acted upon and risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following current evidence based guidance. Staff received training appropriate to their roles and further training needs were identified and planned.
- 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.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice premises were acknowledged as a challenge to providing privacy in the reception area, but the staff were aware of this and acted accordingly and telephones were answered away from the reception desk.
- The waiting room was very compact and limited on space. Consulting rooms were also available on the

Summary of findings

first floor of the building and there was a lift available for patients to use, but any patients that had difficulty in using the lift or getting upstairs were seen in the ground floor consultation rooms.

- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events and staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses. Lessons were learned and communicated to support improvement at monthly staff meetings. Information about safety was recorded, monitored, appropriately reviewed and addressed. Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance and 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. The practice provided enhanced services which included advanced care planning and staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients we spoke with told us they were satisfied with their care and the comment cards patients had completed prior to our inspection provided positive opinions about staff, their approach and the care provided to them. Information for patients about the services available was easy to understand and accessible and available in a range of different languages and we saw staff treated patients with kindness and respect. The reception area posed a challenge to maintain confidentiality, but staff were aware of this and did their utmost to maintain confidentiality. The practice had a low response rate for the GP patient survey published in January 2016 which showed a negative response to the services that were

Good



Summary of findings

provided. However the practice has carried out in house surveys with the support of their patient participation group since 2012 and has made improvements to service from the feedback received. The practice had identified a low number of carers with 21 patients on the carers register, but the patient demographics were predominantly a younger population, with 254 patients being aged 65 years or over on the practice list.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. A community psychiatric nurse held regular clinics at the practice to assess and review patients and the practice also hosted regular clinics for smoking cessation service. Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had good facilities and was well equipped to treat patients and meet their needs. Patients with long term conditions were regularly reviewed and there were immunisation clinics for babies and children.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on and the patient participation group was active. There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, the local Clinical Commissioning Group

Good



Summary of findings

and was part of a federation of GPs that had been set up in the area. Staff were involved in the analysis of incidents and complaints during meetings for on-going improvements that benefitted patients.

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. 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, in dementia, avoidance of unplanned admissions and end of life care. Patients over the age of 75 years had a named accountable GP and the practice was responsive to the needs of older people and offered same day urgent appointments, home visits and telephone consultations as required and for those with enhanced needs care plans were in place and monthly multi-disciplinary meetings were held. The practice had a named care co-ordinator and encouraged immunisation for flu, shingles and pneumonia.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed and all these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice maintained registers of patients with long term conditions and all of these patients were offered a review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care at monthly meetings.

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. Immunisation rates were in line with the local average for all standard childhood immunisations and immunisation clinics were held twice a week. Appointments were available after school hours and the practice held regular meetings with the health visitor. The premises were suitable for children and babies and baby changing facilities were available. We saw positive examples of joint working with midwives, who held clinics at the practice twice a week.

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 needs of the working age population, those recently retired and students had been identified. The practice told us they offered extended opening hours with pre bookable appointments. The practice was proactive in offering online services, with patients being able to order repeat prescriptions and book appointments. NHS health checks were available for patients aged between 40 and 74 years.

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 and offered longer appointments for patients with a learning disability and had 10 patients on the learning disabilities register. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. There was a hearing loop available and interpreters could be booked. The practice held a register of 15 carers and written information was available on local services and support available. Staff knew how to recognise signs of abuse in vulnerable adults and children and staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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). Six of the ten patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out advance care planning for patients with dementia and had reviewed and agreed care plans for 87% of their patients experiencing poor mental health. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had 49 patients recorded on the practice mental health register.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages. 408 survey forms were distributed and 66 were returned. This represented a 16% return rate, which was low but the practice attributed this to the ethnicity of their patient population.

- 38% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 57% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 48% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 41% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The patients spoken with told us that they felt fully informed and involved in the decisions about their care and treatment. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Two of the patients did comment that on occasions they have had difficulty in getting appointments.

Palfrey Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Palfrey Health Centre

Palfrey Health Centre provides primary medical services and has approximately 4,175 patients and holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care. The practice is a member of Walsall Clinical Commissioning Group (CCG).

There were 2 GP partners 1 male and 1 female and 2 long term locums 1 male and 1 female. They are supported by a practice nurse, three health care assistants, practice manager and a team of administrative/ reception staff. The practice provides fifth year medical student training for the University of Birmingham.

The practice serves a higher than average population for those aged between 0-18 years. The population is 81.7% Asian (2011 Census data). The area served is ranked as the highest deprived area compared to England as a whole and ranked at one out of ten, with ten being the least deprived.

The practice is open to patients between 8am to 6.30pm Monday to Thursday and Friday, 8am to 12pm on Friday. Extended opening hours are available on Monday evening from 6.30pm to 7.30pm. Emergency appointments are available daily and telephone consultations are also

available for those who need advice. Home visits are available to those patients who are unable to attend the surgery. The out of hours service is provided by NHS 111 service.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. 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.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 11 February 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events and shared learning with the practice team on a monthly basis.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had recorded five significant events in the past 12 months.

There was a system for the management of patient safety alerts which were co-ordinated by the practice manager who ensured that appropriate action took place.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings every three months to discuss any issues or concerns and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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). This was not advertised in the waiting room to advise patients this service was available.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead, supported by one of the GPs and had received training appropriate to the role. The practice manager liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result also the practice carried out internal audits, the last one had been completed in December 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and the practice has supported the practice pharmacist advisor to complete an independent prescribing course, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw evidence that fire equipment had been inspected in October 2015. The building was owned by the local pharmacy and the practice rented their part of the building and maintenance of was organised through an external contractor. The practice had up to date fire risk assessments and carried out regular fire drills and all staff were aware of where the emergency exits were and the meeting point if there was an evacuation of the building. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff worked additional hours to cover holidays and sickness.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date.
- 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.

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) when assessing patients' needs and treatments. Protocols were held in an electronic folder and were readily available for clinical staff to access. 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, learning disabilities and palliative care register. The practice took part in the avoiding unplanned admissions scheme. Care plans had been developed for these patients and were reviewed annually or when required, for example changes to medication.

Management, monitoring and improving outcomes for people

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 were 97.1% of the total number of points available, with 7.1 exception reporting. (Exception reporting is the removal of from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 97.7% which was higher than the CCG average of 91.4% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.1% slightly lower than the CCG average of 99.2% and national average of 97.8%. On speaking with the practice, all the necessary reviews were in the process of being completed and we saw evidence to confirm this.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We saw examples of clinical audits where the practice was able

to demonstrate improved outcomes to patients for example in relation to medications for the treatment of bloating and heartburn. The audit identified 14 patients who required review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months and staff were encouraged to learn. For example two staff attended an apprenticeship programme relating to customer service and administration.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice used long term locums who had built up a rapport with the patients. Each locum was supplied with a locum pack, which contained all the relevant information the GPs required each locum received an induction of the practice and its policies and procedures.

Are services effective?

(for example, treatment is effective)

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 assessments, care plans, medical records and investigation and test results. Patient information posters and leaflets were also available in the waiting area.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every three months and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. All clinical staff had the appropriate understanding of the competency frameworks, for example Gillick competencies. Gillick competence is a medical term to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- 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 for example a dietician was available on the premises and smoking cessation advice was available from a local support group
- The practice's uptake for the cervical screening programme in the last five years was 75.25%, which was slightly lower than the national average of 81.83%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

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 ranged from 85.5% to 100% and five year olds from 92.3% to 96.2%.

Flu vaccination rates for the over 65s were 79% this was comparable to CCG national average of 73.24%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The Patient Participation Group had organised community events for health promotion and the practice had worked with the local mental health trust to develop local community support sessions for patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed the practice had scored lower than the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% said the GP was good at listening; (CCG average 87%, national average of 89%)
- 69% said the GP gave them enough time (CCG average 86%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%)
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%)
- 50% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

The practice believed the low return was due to English not being the first language within the local population, as 87% of the practice are listed as being from an Asian

background. Due to the low response rates for the national survey the practice had completed in house surveys with the support of their patient participation group (PPG). The results from both surveys were reviewed by the practice and the PPG and improvements were made to reflect the results. For example: The practice scored very low concerning the helpfulness of receptionists. This had been addressed by both the practice and the Patient Participation Group who suggested customer service training. The practice had developed a good working partnership with the local Job Centre and Walsall College, which enabled them to participate in the 'Walsall Works' Apprenticeship Scheme. This enabled three reception staff to be supported over 12 months on work based training programmes relating to Customer Services and Administration. Staff confirmed they had received this training and on speaking with patients they were positive about the helpfulness of reception staff.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded scored slightly lower than local and national averages about their involvement in planning and making decisions about their care and treatment. For example:

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Staff told us that a number of staff were bilingual; translation services were also available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was a policy to support the identification of carers. Written information was available to direct carers to the various avenues of support available to them. The practice currently had 21 patients on the carers register and offered influenza vaccinations if they were required. The practice worked closely with the community psychiatric nurse (CPN) who held weekly sessions at the practice to support patients. The number of carers was low, but on speaking with the practice they told us that they encourage patients

to identify themselves as carers, 94% of the practice list were below the age of 65 years. A carers pack was available from the reception staff which offered further information and details of support groups. The patient demographics were predominantly a younger population

Staff told us that if families had suffered bereavement, there was a bereavement policy. Letters and condolence cards are sent to families that provide additional guidance and information on support available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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.

- The practice offered later appointments on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm on Monday to Thursday, and 8am to 12pm on Fridays. Appointments were from 9am to 1pm and 3pm to 7.30pm Monday Tuesday 10am to 1pm and 3.30pm to 6.30pm, Wednesday 9am to 1pm and 2.30pm to 5.30pm, Thursday 9am to 12.30pm and 3pm to 6.30pm, Friday 9am to 12pm.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them and telephone consultations were available in the morning and afternoon. The practice had a text messaging service in place for patients to use if they needed to cancel their appointments.

Results from the national GP patient survey of January 2016 showed that patients' satisfaction with how they could access care and treatment was very low in comparison to local and national averages. For example:

- 38% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 35% of respondents described their experience of making an appointment as good (CCG average 75%, national average 73%)

During busy periods for example winter months, the practice increased capacity by employing an advanced nurse practitioner to relieve the pressures on the practice and reduce waiting times and has increased phone access by allocating more staff to telephones during busy periods at the practice.

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.
- Information to help patients understand the complaints system were included in the practice leaflet, however there was no information displayed in the waiting area.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and showed openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example: a patient's relative felt that they had not been appropriately treated with their medicine. The practice investigated thoroughly and sought feedback after the investigation from NHS England's clinical advisor to confirm that all lines of enquiry had been followed appropriately. A full explanation was given to the patient.

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

At the start of the inspection the practice delivered a presentation which demonstrated a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice told us they were addressing the low scores from the national survey and had already introduced customer service training for the reception staff, had increased appointments during the winter months to manage demand and had improved telephone access during busy periods by allocating more reception staff to answering the telephones.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The

practice had systems in place for knowing about notifiable safety incidents and was able to demonstrate that safety alerts and incidents were recorded and actioned appropriately.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology; we saw an example of this.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular monthly team meetings and the practice manager prepared a newsletter to keep staff informed of changes and updates.
- Staff told us there was an open culture and staff informed us and they had the opportunity to raise and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager and team work was evident. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), NHS Friends and Family Test and complaints received. There was a Patient Participation Group (PPG) with a small membership. We spoke with the chair of the group who told us the group was supported by the practice manager and the group met every three months. The chair told us that the practice listened and acted on ideas and feedback and the PPG felt supported in their efforts for the practice. PPGs are a way for patients and GP practices to work together to improve

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the service and to promote and improve the quality of the care. The group were actively trying to recruit new members and posters in the waiting room informed patients of the group and encouraged them to join.

The practice had gathered feedback from staff through appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run for example: the practice supported the health care assistant to undertake accredited courses in Spirometry and ECG to broaden knowledge and skills.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

The practice team was forward thinking and took part in initiatives to improve outcomes for patients, for example the practice has included a text messaging service to remind patients of their appointments and reduce the amount of DNAs. The practice was working on improving staff development and one of the health care assistants further training needs.