

Haslucks Green Medical Centre

Quality Report

287 Haslucks Green Rd, Shirley, Solihull, B90 2LW

Tel: 0121 744 6663

Website: www.hasluckssurgery.co.uk

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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

This practice is rated as Good overall.

We previously carried out an announced comprehensive inspection of Haslucks Green Medical Centre on 7 August 2017. The practice was rated as requires improvement overall, with safe rated as inadequate, effective and well-led rated as requires improvement and caring and responsive rated as good. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for Haslucks Green Medical Centre on our website at www.cqc.org.uk.

This inspection was a follow up comprehensive inspection carried out on 20 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 August 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. The practice is now rated as Good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

At this inspection we found:

- Care and treatment was provided in a safe way to patients.
- Effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.
- Staff received appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Summary of findings

- There was an effective system in place to monitor staff training and to ensure all staff were up to date with the latest guidelines for areas such as health and safety, fire training and Infection control. .
- The immunisation status for GPs and non-clinical staff was recorded.
- All non-clinical staff who carried out chaperone duties had received a Disclosure and Barring Service (DBS) check or risk assessment.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was an effective system in place for reporting and recording significant events. We saw minutes of fortnightly clinical meetings where significant events were discussed. Regular administration team meetings took place and we saw evidence that events and incidents had been discussed with the whole team.
- The practice had a system in place to receive safety alerts and they were appropriately actioned.
- There was an effective system in place to review and action patients on high risk medicines. These patients received regular blood tests.
- The practice followed Public Health guidelines on thermometers for vaccination fridges and had appropriate systems in place
- Clinical audits demonstrated quality improvement.
- We saw evidence that complaints were discussed within both the clinical team and administration staff.
- Arrangements were in place to share information with all staff.

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

Summary of findings

The six population groups and what we found

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

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

Haslucks Green Medical 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 adviser.

Background to Haslucks Green Medical Centre

- The practice name is Haslucks Green Medical Centre.
- It is located at 287 Haslucks Green Rd, Shirley, Solihull, B90 2LW.
- Telephone number: 0121 744 6663 - www.hasluckssurgery.co.uk
- The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.
- At the time of our inspection, 7,763 patients were registered at the practice.
- The practice building is open from 7.30am to 6.15pm on Mondays to Fridays with the exception of Thursdays when the practice closes at 4pm.
- Extended hours appointments are available from Tuesdays to Fridays from 7.30am to 8am.
- When the practice is closed, patients can access out of hours care provided by Badger through NHS 111 and available at Solihull Hospital. An urgent care walk-in centre is also available at the same location.
- The practice is run by a lead female GP (provider) with two salaried GPs (both female) and a long-term locum GP (male). The nursing team consists of an advanced nurse practitioner, two practice nurses and a healthcare assistant. The non-clinical team consists of a practice manager, administrative and reception staff. The practice is also teaching practice for medical students
- The practice is part of the Solihull GP Alliance, which is a group of practices in the local area who collaboratively work together to improve services and health outcomes for patients.

Are services safe?

Our findings

At our previous inspection on 7 August 2017 we rated the practice as inadequate for providing safe services:

- The practice had a system in place to receive safety alerts, however we found the system to be ineffective and alerts were not actioned appropriately.
- The practice did not have an effective system in place for the recall of patients on high risk medicines.
- There was no effective system in place to monitor staff training and to ensure all staff were up to date with the latest guidelines for health and safety, fire training and Infection control.
- New employees did not have infection control guidance or training relevant to their role.
- Staff immunisation status for GPs and non-clinical staff was not recorded and no risk assessments had not been completed to mitigate risks.
- Non clinical staff carrying out chaperone duties had not the appropriate risk assessments completed in the absence of a Disclosure and Barring Service (DBS) check.
- The practice did not have an effective system in place for the recall of patients on high risk medicines.
- The practice had not followed Public Health England guidelines on medicine fridge thermometers and solely relied on an external electronic display, but had no other thermometer in the case of failure of the refrigerator.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. We saw minutes of fortnightly clinical meetings where significant events were discussed. However, regular meetings with the administration team had not taken place due to staff shortages and there was no evidence to confirm events and incidents had been discussed with the whole team.
- The practice was not comprehensively assessing, monitoring and improving the quality and safety of services nor mitigating risks in relation to the health, safety and welfare of service users.

- Staff employed by the practice had not received a full range of training to enable them to effectively carry out their duties. For example, not all staff had undertaken fire safety, infection control, information governance and basic life support training nor chaperone, safeguarding or mental capacity act training as appropriate to their role.
- The practice was not always following their own recruitment policy when recruiting staff and had not sought references, full employment history details or satisfactory evidence of conduct in previous employment for a recently appointed member of staff.

During our follow up comprehensive inspection on 20 February 2018 we found that the practice had taken action to address the areas identified in the August 2017 inspection. We rated the practice as good for providing safe services.

Safety systems and processes

Haslucks Green Medical Centre had clear systems to keep patients safe and safeguarded from abuse.

- The practice carried out appropriate safety risk assessments since our previous inspection in August 2017. It had a range of safety policies which were regularly reviewed and communicated to staff. For example, health and safety and fire safety, for which staff had also received appropriate training.
- 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).
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse which were based on guidelines issued by the local authority. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training. All clinical and clerical staff had been trained to a level appropriate for their role. They knew how to identify and report concerns and an appropriately trained clinical safeguarding lead was in place.

Are services safe?

- Staff who acted as chaperones were trained for the role and had received a 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). Staff who had not been DBS checked at the time of our last inspection in August 2017 had now received checks
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. DBS checks and risk assessments were undertaken where required.
- The practice worked with other agencies (for example, safeguarding services) to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control. Appropriate policies were in place to support this, for example, needle stick injury and hand washing technique. The last infection control audit had been carried out in December 2017. Since our last inspection, staff had received updated training when needed and we saw evidence that newly recruited staff had received appropriate training as part of their induction.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Regular checks were carried out, for example, with portable appliance testing and calibration of equipment.
- There were systems for safely managing healthcare waste and a contract for its disposal was in place with an appropriate organisation.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and were able to cover for each other when absent. Since our last

inspection, the practice has amended its rotas to ensure a suitably trained and either DBS checked or risk assessed staff member is always on site for chaperone duties.

- There was an effective induction system for temporary staff tailored to their role. This included locum GPs used by the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Information about the latter was displayed in consultation rooms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice had a good working relationship with the local health visitor team and district nursing team and they regularly attended practice meetings when needed.
- Referral letters included all of the necessary information and patients were followed up if they failed to attend for these appointments.
- Since our previous inspection in August 2017, the immunisation status for GPs and non-clinical staff had been recorded and immunisations had been carried out when required.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. This included prescription forms used in computer printers.
- Since our previous inspection in August 2017, the practice had introduced new procedures for monitoring and reviewing patients who received high risk medicines. Regular blood tests were carried out, along with monthly searches and audits to ensure this was being carried out effectively.
- Since our previous inspection in August 2017, the practice had updated the procedure for storing medicines that required refrigeration and had introduced a back-up thermometer in the case of failure of the refrigerator. Additionally, new checking methods had been introduced which included both electronic and manual monitoring. Appropriate risk assessments had been introduced for 'cold chain' monitoring and regular audits were carried out. Since our previous inspection, no further stocks of medicines have had to be destroyed due to the fridge temperature exceeding the recommended level.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for the handling of repeat prescriptions and the practice carried out regular medicines audits.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and an incident management procedure was in place. All procedures had been updated since our previous inspection in August 2017.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the practice had recently reviewed its procedure for emergency medicines carried on home visits and had carried out appropriate risk assessments.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- All significant events and incidents were reviewed in a clinical learning meeting which was held monthly. Since our previous inspection in August 2017, we saw evidence of such discussion within meetings that included administrative staff and a structured programme of meetings was in place.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the procedure for reviewing blood tests had recently been changed and actioned appropriately.
- There was a system for receiving and acting on safety alerts. This had been completely revised and strengthened following our previous inspection in August 2017. Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). Searches were made to identify any patients affected by alerts and they were discussed in clinical meetings. The practice learned from external safety events as well as patient and medicine safety alerts. We saw how alerts could now be tracked throughout the practice and how actions (or no actions required) were recorded.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 August 2017 we rated the practice as requires improvement for providing effective services:

- Clinical audits did not demonstrate quality improvement.
- There was no effective system in place to monitor staff training and to ensure all staff were up to date with the latest guidelines for health and safety, fire training and Infection control. .
- New employees did not have infection control guidance or training relevant to their role.

During our follow up comprehensive inspection on 20 February 2018 we found that the practice had taken action to address the areas identified in the August 2017 inspection. We rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- Data available for the practice showed it performed in-line with local and national averages and had no outliers (significant variations).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support, including local out of hours services if necessary.

Older people:

- Older patients received a full assessment of their physical, mental and social needs. Those who were frail and vulnerable received appropriate help and signposting to other services if appropriate. This included an annual clinical review with a medicines review.
- All patients aged over 75 were invited for a health check. Over a 12 month period the practice had provided health checks on 82% of patients aged over 75.
- At the time of our inspection, the practice awaited the outcome of an application to secure funding for a care-navigator. The role had previously been in place, but funding had been withdrawn.
- The practice followed up on older patients discharged from hospital. Discharge summaries were reviewed and the practice ensured medicines and care plans, if in place, were amended to reflect any extra or changed needs.
- The practice provided an audiology clinic and hearing aids could be issued on-site.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. This was carried out more frequently if the patient's condition required it. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Longer appointments and home visits were available when needed.
- Patients with chronic obstructive pulmonary disease (COPD) – a lung condition, were recommended apps to download onto mobile devices or use on-line to use to assist with self-managing their condition.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% set nationally and ranged from 90% to 98%.
- There were appointments outside of school hours and any child who needed an appointment was seen on the same day.
- The practice building was suitable for children and babies.
- We saw positive examples of joint working with midwives and regular meetings were held with the midwives and health visitors.
- The practice had a dedicated immunisation nurse and co-ordinator who followed up any children who failed to attend for immunisations.
- The practice provided an introductory first aid course suitable for parents and carers of children.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available outside of regular working hours.
- Telephone triage and consultations were available for patients who were unable to reach the practice during the day.
- The practice's uptake for cervical screening was 80%, which was in-line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- During flu vaccination season, appointments were available on Saturday mornings.

People whose circumstances make them vulnerable:

- There was a register of vulnerable patients including those with a learning disability. This was regularly reviewed as patients' needs changed.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice actively used different ways to communicate which depended on patient's needs. For example, large print, easy read format, a hearing loop and flashcards.

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

- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia who also received support from the practice's dementia navigator.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95%; compared with the CCG average of 95% and the national average of 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 98% compared with the CCG average of 95% and the national average of 95%).

Monitoring care and treatment

Haslucks Green Medical Centre had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We reviewed three clinical audits that had been

Are services effective?

(for example, treatment is effective)

carried out since our inspection in August 2017. All contained evidence of clinical improvement. For example, a review of patients with Chronic Obstructive Pulmonary Disease (COPD) revealed that 68% of patients with the condition needed reviewing to ensure they received the most appropriate form of medication. The practice continued to analyse and review this to ensure appropriate action was taken. We also saw that a planned programme of clinical audit had been introduced.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 6% compared with a CCG average of 9% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice performed either above or in-line with the local and national averages in a number of key areas:

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. The practice achieved 91% with an exception rate of 10%. This was above the CCG average of 84% with an exception rate of 8% and above the national average of 84% with an exception rate of 7%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less. The practice achieved 84% with an exception rate of 3%. This was in-line with the CCG average of 84% with an exception rate of 3% and in-line with the national average of 84% with an exception rate of 4%.
- The practice used information about care and treatment to make improvements, for example, by reviewing the medicines of patients with COPD.
- The practice was actively involved in quality improvement activity and a programme of clinical audit was in place.

Effective staffing

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

- Since our previous inspection in August 2017, the practice had ensured all staff had received updated essential training. For example, we saw that training in infection control, chaperone responsibilities, health and safety and fire safety had taken place. We saw evidence that staff training records were up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We saw that all staff professional qualifications were up to date.
- There was a clear approach for supporting and managing staff when their performance was poor or variable

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. This included working with the district nursing team, health visitors and midwives. There was a dedicated telephone line to ensure they had direct access to the practice team at busy times.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies and their carers if they had one.

Are services effective?

(for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. GPs explained how patients who received palliative (end of life) care were reviewed.

Helping patients to live healthier lives

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

- The practice's uptake for bowel cancer screening was 61%, which was above the national average of 58%. Uptake for breast cancer screening was 79%, above the national average of 73%. The national screening programme was highlighted to patients and the practice had taken steps to further highlight the bowel and breast cancer screening programmes more proactively during consultations.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health and some patients with long-term conditions had self-management plans to reduce the need for medical intervention.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and screening programmes.

Consent to care and treatment

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

- Clinicians understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information and included carers when a patient had one.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 232 surveys sent out and 106 were returned. This represented about 1% of the practice population. The practice was largely below average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time compared with the CCG average of 86% and the national average of 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; compared with the CCG average of 95% and the national average of 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 86%.

- 91% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 89% of patients who responded said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

We saw how the practice reviewed the survey results and discussed actions to improve patient satisfaction. For example, a long term locum GP had been recruited to ease some of the pressure on the clinical team. Additionally, since our previous inspection in August 2017, the practice had made a greater use of telephone triage and this had reduced some of the demand for patient appointments

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. This was a small minority of the practice patient list and although the practice did not display notices in other languages, staff advised patients this service was available when required.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Staff were fully aware of any specialist needs that any regular or long-standing patients had.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers when they first registered with the practice, through discussion and by information displayed in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. Located in an area with larger elderly population, the practice had identified 90 patients as carers (2% of the practice list).

- Carers were given a new carer's pack and a carer's assessments to determine any additional support that could be provided.
- Staff told us that if families had experienced bereavement, their usual GP telephoned them and sent a bereavement pack.

Results from the 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 below local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and staff had received appropriate training along with annual updates.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

Haslucks Green Medical Centre organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, patients who worked were given appointments outside of their working hours whenever possible and the practice actively encouraged the use of online services to book and cancel appointments and also request repeat prescriptions .
- The practice improved services where possible in response to unmet needs, for example, by providing additional telephone appointments for patients who did not necessarily need to visit the practice.
- Since our previous inspection in August 2017, the practice had made a greater use of telephone triage and this had reduced some of the demand for patient appointments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services, for example, the district nursing and MacMillan nursing teams.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with the community matron to ensure patients who were particularly vulnerable or frail received the care and advice they needed.
- Older people were represented on the Patient Participation Group (PPG).

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. This was carried out more frequently if required. Multiple conditions were reviewed at one appointment. Patients who failed to attend for their annual health check were contacted by telephone.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues and they were invited to practice staff meetings when required.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. These were available outside of school hours.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients who worked were offered appointments outside of their working hours or at the end of each day's surgery whenever possible.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Travel vaccinations were available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. There were no travellers registered at the practice at the time of our inspection.
- The practice provided a weekly signed prescription for patients who had difficulty managing their medicines.

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- A staff member had been trained as a dementia navigator to provide additional support to patients with dementia and their carers.
- Access to counselling through Improving Access to Psychological Therapies (IAPT) was available within the practice.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice publicised the number of appointments lost when patients did not attend to draw attention to the time lost when patients could be seen.
- Patients with the most urgent needs and children had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection. There were 232 surveys sent out and 106 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.

- 77% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 64% and the national average of 71%.
- 88% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 90% of patients who responded said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 79% of patients who responded described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 70% of patients who responded said they did not normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 64%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff told us how they treated patients who made complaints with respect and compassion.
- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Five complaints were received in the last year. We reviewed one complaint and found it had been satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, by examining ways to improve communication with patients to suit their best interests.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 7 August 2017 we rated the practice as requires improvement for providing well-led services:

- Staff carrying out the role of chaperone had not received the appropriate checks through the Disclosure and Barring Service (DBS).
- The registered person had not implemented an induction and training plan for the safe operation of premises and equipment for all staff.
- Incidents that affected the health, safety and welfare of people using services were not being shared with the whole team to promote learning.
- The practice needed to consider the arrangements in place to share information with all staff to ensure there are systems in place to cascade this information to staff.

During our follow up comprehensive inspection on 20 February 2018 we found that the practice had taken action to address the areas identified in the August 2017 inspection. We rated the practice as good for providing well-led services.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. Since our last inspection in August 2017, new risks assessments had been conducted (for example, health and safety), staff re-trained and revised procedures introduced where necessary.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, for example by planning future measures to accommodate difficulty recruiting staff at times.
- The practice team had successfully recruited an advanced nurse practitioner, a practice nurse and a healthcare assistant since our previous inspection. A long-term male locum GP had also been employed to ease the demand on the practice team and also provide appointments with a male GP.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure

they prioritised compassionate and inclusive leadership. Staff we spoke with were complimentary about GPs and practice management and told us they were well supported.

- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice and a future need to provide increased clinical capacity. For example, by recruiting and training additional staff.

Vision and strategy

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

- There was a clear vision and set of values which placed treating patients with dignity and respect at its core. This was based on the values of providing high quality care with high levels of training and education (referred to throughout our inspection). Appropriate strategies and plans were in place to support this.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. This included the local authority and other local NHS services.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Practice performance was reviewed in the light of this at a regular practice meeting.
- The strategy was in line with health and social priorities across the region and the practice was part of the Solihull GP Alliance, which is a group of practices in the local area who collaboratively work together to improve services and health outcomes for patients.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. They told us how leadership had an 'open door' policy and were always approachable.
- The practice focused on the needs of patients.

Are services well-led?

Good 

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

- Leaders and managers had procedures in place to act on behaviour and performance inconsistent with the vision and values of the practice, although they had not been needed in recent years.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw evidence to demonstrate that patients were fully communicated with when incidents occurred or complaints were made. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and they would be treated fairly.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary and all professional registrations were up to date.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally and fairly.

Governance arrangements

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

- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- Staff were clear on their roles and responsibilities including in respect of safeguarding and infection prevention and control. Updated training had been provided since our last inspection in August 2017.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. This included future demand that would be placed on the practice as the local population increased.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. When we discussed the management of these with practice staff, it was clear procedures were appropriately followed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. A business continuity plan detailed what would happen in a range of emergency situations, including the sudden unavailability of the practice building. Copies of this were kept by key staff off-site for use in emergency.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

Good 

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

- Since our previous inspection in August 2017, additional, regular staff meetings had been introduced for clinical staff and administrative staff. A 'communications box' had been introduced for staff which contained the latest information which staff needed to be aware of.
- Quality and operational information was used to ensure and improve performance which was regularly reviewed in practice meetings and clinical meetings. Performance information was combined with the views of patients.
- Since our previous inspection in August 2017, incidents that affected the health, safety and welfare of people using services have been shared with the whole team to promote learning.
- The practice used performance information which was reported and monitored and management and staff were held to account. This was linked to staff appraisal and training.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, when concerns were expressed about access for patients who worked during the day, the practice introduced a more flexible approach to offering appropriately timed appointments and telephone consultations.
- The practice had an active patient participation group (PPG) which held a formal meeting every three months, but communicated with them more frequently. The PPG comprised members from all of the patient population groups and was involved with a wide-range of practice initiatives. For example, a plan to re-develop the practice building and extend the car park.
- The service was transparent, collaborative and open with stakeholders about performance.
- Many members of staff were long-serving and the practice had a low staff turnover rate.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Practice management told us how the introduction of joint leadership meetings with two other local practices would encourage the sharing of good practice and learning tailored to meet the needs of the local community.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Engagement with patients, the public, staff and external partners

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