

# Rood End Medical Centre

## Quality Report

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Date of inspection visit: 4 May 2017  
Date of publication: 21/06/2017

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 Rood End Medical Centre on 4 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback from patients through the National Patient Survey (published July 2016) was mixed about access.

Patients were happy with their experience but sometimes had difficulties in obtaining an appointment. The practice had been proactive in taking action. The number of patients had increased over the last year and appointments were monitored on an on-going basis. We received positive comments on access through our CQC comment cards.

- 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice was well organised.

The areas where the provider should make improvement are:

- Review systems for monitoring the cleaning of clinical equipment and storage areas for cleaning equipment.

# Summary of findings

- Ensure systems for routine checking and recording of relevant staff registration with their professional bodies are maintained ensure the information is kept up to date.
- Review systems for uncollected prescriptions.
- Review impact of changes to access on patient satisfaction and take further action as appropriate.
- Consider how uptake of national cancer screening programmes for breast and bowel cancer and uptake childhood vaccinations for 5 year olds could be improved.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed in most areas patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and staff were supported in their personal development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice supported patients to lead healthier lifestyles. However, uptake of national screening programmes for breast and bowel cancer was below CCG and national averages.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others in the CCG area and nationally for most aspects of care.

Good



# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice was participating in the CCG led primary care commissioning framework aimed at improving services and patient outcomes locally.
- The practice provided accessible services and in-house services for the convenience of patients.
- The latest published National Patient Survey (published in July 2016) showed patients were happy with their experience of making an appointment and getting through on the telephone but gave mixed feedback about actually obtaining an appointment. The practice had taken action in response to this feedback such as increasing numbers of appointments and on-going monitoring. We received positive comments through the CQC comment cards on access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about their roles and responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and same day appointments for those with enhanced needs.
- Those who were frail or housebound could order their prescriptions by telephone.
- The practice participated in the admission avoidance scheme to try and prevent admissions to hospital. Monthly clinical meetings were used to discuss those with complex needs or at risk.
- The practice met with other health professionals to discuss and plan care for some of the practices most vulnerable patients including those with end of life care needs.
- The practice offered flu, shingles and pneumonia vaccinations to relevant patients.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Clinical staff took lead roles in the management of long term conditions.
- Nationally reported outcome data showed the practice performed well across most long term conditions. For example, outcome data for patients with diabetes was above the CCG and national average overall (100% compared with the CCG average of 88% and national average of 90%). The practice also had lower exception reporting for diabetes indicators at 9% compared to the CCG average of 11% and national average of 12%).
- The practice had undertaken a clinical audit to improve the referral of patients with diabetes to structured education programmes.
- Regular reviews of the practice list were undertaken to improve the accuracy of the long term conditions registers.

Good



# Summary of findings

- Various services were provided at the practice for the convenience of patients for example clinics with a diabetes consultant and specialist diabetes nurse.
- For the convenience of patients some diagnostic and monitoring services were available from the practice which included electrocardiographs (ECGs) and spirometry. The practice also loaned out blood pressure monitors to patients.
- Patients with long-term conditions received annual reviews of their health and medication. Those with the most complex needs were discussed in a multi-disciplinary team setting with relevant health care professionals.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- The practice had a younger population compare to the local CCG area and nationally. For example, the practice had a higher than average number of patients aged 0 to 4 years, 9.6% compared to the CCG average of 6.9% and national average of 5.8%.
- Nationally reported immunisation rates for 2015/16 showed the practice was achieving above the 90% national standard for the under two year olds standard childhood immunisations and was slightly lower than CCG and national average for MMR vaccines for 5 year olds. The latest data from the practice for 2016/17 (un-validated) showed standards for the for the first three quarters of 2016/2017 uptake of age 5 pre-school boosters was 90% in quarters one and two and 70% in quarter three.
- The premises were suitable for children and babies with baby changing facilities available.
- Appointments were available outside of school hours and young children were prioritised for appointments.
- The practice worked with midwives, health visitors and school nurses to support this population group. Ante-natal clinics ran weekly at the practice. The practice also worked with local schools and Sure Start centre (early childhood services) in promoting health.

Good



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

The practice is rated as good for the care of working age people (including those recently retired and students).

Good





# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours on a Tuesday evening and Saturday morning were available for the convenience of patients who worked or had other commitments during usual opening hours.
- The practice offered telephone consultations.
- Patients could use online services for booking appointments and ordering repeat prescriptions.
- Texting was used to remind patients of appointments.
- The practice was proactive in offering a range of health promotion and screening that reflects the needs for this age group. Patients could access a health promoter who supported patients to maintain healthier lifestyles.
- The practice signposted patients to various apps they could download on to their phones which promoted health and wellbeing.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a registers of patients living in vulnerable circumstances such as those with a learning disability and those with caring responsibilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including those with end of life care needs.
- The practice offered longer appointments for patients who may need them.
- Patients with a learning disability were offered the opportunity of a health check, practice data for 2016/17 showed four out of nine patients on the learning disability register had taken up the offer.
- Patients who were carers were provided with a pack signposting them to various support available and were offered health checks and flu vaccinations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 maintained a taxi and equipment fund to support patients in need.

Good



# Summary of findings

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

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

- Nationally reported data for 2015/16 showed that 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average 84%. There were no exceptions reported.
- National reported data for 2015/16 showed 94% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was comparable to the CCG average 91% and national average 89%. Exception reporting was higher at 25% than the CCG average of 15% and national average of 13%.
- The practice had a named lead for patients with poor mental health and dementia.
- The practice had access to 'route 2 wellbeing' a local online resource which provides information about various support available (which can impact on mental wellbeing) in the Sandwell area including support and advice on finance, housing and bereavement.

Good



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 358 survey forms were distributed and 74 (21%) were returned. This represented 2.4% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 61% and national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients were very complimentary about the staff, they told us that they were treated with dignity and respect and that staff were friendly and helpful.

# Rood End Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Rood End Medical Centre

Rood End Medical Centre is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is located above a pharmacy on a high street which has been adapted for the purpose of providing primary medical services. Services have been provided from these premises since 2014. There is lift access into the practice. There is also a small car park at the rear of the building which includes a parking space for those with a disability.

The registered list size of the practice is approximately 3300 patients. Based on data available from Public Health England the practice is located in an area with higher levels of deprivation than the national average (within the 20% most deprived areas). The practice has a younger population compared to the local CCG area and nationally. For example, the number of patients aged under 18 years is 29% compared to the CCG average of 24% and national average of 21%. The practice population aged over 75 years is 3% compared to the CCG average of 6% and 8%.

The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice has two partners (both male), one is a GP and the other a pharmacist independent prescriber. The GP partner did not undertake clinical sessions at the practice, their role was predominantly management. There are two salaried GPs (one male and one female), two additional pharmacist independent prescribers and a practice nurse. Other practice staff include a practice manager and a team of six reception/administrative staff.

The practice is open Monday to Friday 8am to 6.30pm. The practice offered extended opening hours on a Tuesday evening until 8pm and on a Saturday between 9.30am and 12.30pm. Consulting times varied between the clinical staff but usually ranged from 9am to 10.50pm and 2pm to 3.30pm daily and in addition between 4pm and 6pm on a Tuesday. When the practice is closed services are provided by an out of hours provider which are reached through the NHS 111 telephone service.

## Why we carried out this inspection

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

# Detailed findings

## 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 on 4 May 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, pharmacist independent prescribers, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with a community leader.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 living 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 a system 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 for staff to complete. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were six reported incidents over the last 12 months. We reviewed five documented examples and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were a standing item on the clinical and staff meeting agendas. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Staff were able to provide examples of learning shared. For example, a patient was prescribed medicines for which they had been allergic to. The patient received an apology and action was taken to rectify the situation, the incident was discussed with the individual clinician and learning shared at a staff meeting.
- There were systems in place for receiving safety alerts such as those received from the Medicines and Healthcare Products Regulatory Agency (MHRA) and recording action taken. In one recent example a search had been carried out to identify patients on a particular medicine (Valporate) in which risks had been identified. The search concluded there were no patients on this medicine.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding

policies were in place and accessible to staff. There was a lead member of staff for safeguarding. Contact details were available and displayed for further guidance if staff had concerns about a patient's welfare. We saw a documented example of a safeguarding report that had been provided by the practice as requested by other agencies involved in responding to safeguarding concerns. Records showed that all staff had received and were up to date with child and vulnerable adult safeguarding training with clinical staff trained to child safeguarding level 3. Staff were able to provide examples of a recent referral they had made where there had been concerns. Links had been established with a local school to support the sharing of information of concern and patients who were identified as vulnerable were discussed at the practice's clinical meetings. Alerts on the patient record system ensured staff were aware if a patient was vulnerable.

- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

We observed the premises to be clean and tidy, well maintained and generally well organised. Equipment was kept in lidded containers to protect from dust. There were cleaning schedules and monitoring systems in place for the premises. We saw cleaning schedules in place for specific items of clinical equipment for example, ear syringing. We saw that clinical equipment was visibly clean and staff told us they were responsible for cleaning their own equipment however, there was no general cleaning schedules for recording this to demonstrate it had been done. We raised this with the practice who agreed that a formal equipment cleaning schedule was something they could introduce.

Infection control policies and procedures were in place. We saw annual infection control audits that had been undertaken by the local CCG. No major concerns were identified and staff were able to tell us about action taken for example, dusty air vents which they raised with the cleaners. We did notice the flooring in the cleaners storage

## Are services safe?

area needed review and we raised this with the practice who agreed that it needed to be addressed. Training records showed staff had undertaken online infection control training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the partners was a pharmacist independent prescriber, the practice also employed two other pharmacists who were also independent prescribers that could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the partners and worked alongside a GP who was also able to provide support during a session if needed. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found systems for collecting prescriptions organised, staff told us they checked for uncollected prescription on a six monthly basis.

We reviewed four personnel files for three clinical and one non-clinical members of staff and found

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The premises appeared well maintained.
- The practice had an up to date fire risk assessment and carried out regular fire drills. We saw records that fire equipment was regularly checked and alarms tested. A carry chair was available to support patients with mobility difficulties vacate the premises if needed such as in the event of fire when the lift could not be used.

- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw records which showed the lift was regularly maintained.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Demand for the service was monitored on a daily basis using a traffic light system. The number of patients who were unable to obtain same day appointments who requested one was recorded and if exceeded a certain number action was taken such as obtaining an additional locum GP. For administrative staff there were restrictions on how many could take leave at any one time. Administrative staff told us that they would cover for each other during absences as most were part time.

### Arrangements to deal with emergencies and major incidents

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

- All staff had received annual basic life support training in the last 12 months.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was also available.
- 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 and stored securely.
- Records were available which showed the emergency equipment and medicines were regularly checked and ready for use.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might be needed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with had a good awareness of guidance available including NICE and MHRA and were able to provide examples such as recent guidance and information from both MHRA and NICE on the use of canagliflozin (a medicine used in the management of diabetes). These were standing agenda items at the clinical meetings.
- Staff were able to access NICE guidance from computers.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2015/16. This showed the practice had achieved 100% of the total number of points available, which was above the CCG and national average of 95%. Overall exception reporting by the practice was 7% compared to the CCG and national average of 6%. (Exception reporting is the removal of patients 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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 100% which was higher than the CCG average of 88% and national average of 90%. The practice also had lower exception reporting for diabetes indicators at 9% compared to the CCG average of 11% and national average of 12%.

- Performance for mental health related indicators was 89% which was slightly lower than the CCG average of 92% and national average of 93%. The practice also had higher exception reporting for mental health indicators at 16% compared to the CCG average of 13% and national average of 11%.

We identified one area where the practice could potentially be an outlier for QOF (or other national) clinical targets. This related to cancer. Data from Public Health England (2014/15) showed that the practice data was significantly different to the local and national averages. We reviewed the latest data available and discussed this with the practice. We found that there were 28 urgent two week wait referrals made during 2016/2017. We reviewed the referral letters for these and found them to be appropriate. We were satisfied that patients on the palliative care register were appropriately managed. However, we did notice that the practice did not use a template specifically for managing palliative care patients.

There was evidence of quality improvement including clinical audit:

- The provider shared with us details of ten audits they had carried out during 2016-2017. We looked at some of these audits in detail and found evidence of completed audits where the improvements made were implemented and monitored. For example:
- The practice had carried out an audit to review the management of patients on Disease Modifying Anti-Rheumatic Drugs (DMARDs) to ensure appropriate monitoring took place. The initial audit took place in November 2016 which identified six patients on four different medicines. This identified that six patients were identified as not up to date with monitoring. Systems were put in place for follow up and on re-audit in February 2017 all patients were up to date.
- Another audit carried out was based on the promotion and uptake of the structured education programme for patients with type 2 diabetes. This was prompted by a performance report from the CCG which showed a low referral and uptake of this programme by the practice. The practice had 229 patients registered with type 2 diabetes between 1 January 2015 and 31 March 2016, only 34 of these patients had been referred to the



# Are services effective?

## (for example, treatment is effective)

education programme. Following this first audit clinical staff actively encouraged patients on the importance of the programme and 61 further patients agreed to take part.

Nationally available prescribing data showed antibiotic prescribing as comparable with other practices. The practice also participated in local benchmarking activity for prescribing through the CCG which they share with us. This showed that prescribing in most areas was above local targets.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff.
- 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. We saw from training records that clinical staff had access to a range of training and updates in relation to various long term conditions. Staff told us that training and development was encouraged.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Training records showed that training updates had been completed within the last 12 months.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Clinical meetings provided opportunities to support learning and the practice had created a WhatsApp group for staff to share and discuss issues as they arose.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection prevention and control, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- We checked and found staff were up to date in reviewing and acting on information such as test results received.
- We saw that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice participated in the admissions avoidance scheme to help reduce patient attendances at hospital. They felt this was reflected in the lower than CCG average patient attendances at A&E. Meetings took place with other health care professionals on a regular basis to discuss some of the practices most vulnerable patients including those with complex and end of life care needs.

We received positive feedback from health professionals who worked closely with the practice. They provided positive examples of action taken by the practice to help support and meet patients' needs. For example, arranging for an alarmed carousel container for medicines so as to remind the patient when to take them.

The practice had established links with a local school to help support shared priorities such as attendance due to health problems and safeguarding.

### Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and when providing care and treatment for children and young people.
- We saw from training records that clinical staff had received Mental Capacity Act training
- Written consent was obtained for minor procedures carried out at the practice and stored in patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol.

- A health promoter ran three sessions from the practice each week to support patients to lead healthier

# Are services effective?

(for example, treatment is effective)

lifestyles. This service commissioned by the local public health department since August 2016 specifically targeted patients with a BMI of 25 and over. Patients were offered a 24 week programme which included an initial assessment, goal setting and information.

Patients were helped to access local weight management and exercise services seen monthly. At the time of our inspection 55 patients had their first assessment, 25 patients had reached 12 weeks into the programme and seven patients had completed the programme. Success was measured in terms of change in diet and exercise. The health promoter told us that of the 55 patients who have started on the programme they approximately four patients had dropped out.

- The practice referred patients with signs of pre diabetes to a national pre-diabetes programme.
- The practice loaned out a blood pressure monitor so that patients could undertake their own blood pressure monitoring checks.
- The practice displayed leaflets for patients to take away which provided information about various phone apps they could download to support them to manage and improve their health. For example healthy recipes and learning how to relax to improve their wellbeing. The practice actively looked for new services that were locally available that could be of benefit to patients. We saw reference to this in the practice's clinical meetings.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 80% and the national average of 81%. There were systems to ensure results were received for all samples sent for the cervical screening programme.

The uptake of national screening programmes for bowel and breast cancer screening was lower than the CCG and national averages. For example,

- 61% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 73%.
- 32% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

Nationally available data for 2015/16 on childhood immunisation rates for vaccinations given to under two was meeting the national standards of 90%. Childhood immunisation rates for the MMR vaccinations given at 5 years were lower than the CCG and national averages. For example: Dose 1 MMR was 90% compared to the CCG and national average of 94% while dose 2 MMR was 76% compared to the CCG average of 86% and national average of 88%. We looked at data from the practice for the first three quarters of 2016/2017 for age 5 pre-school boosters. The practice was achieving 90% (quarter one), 90% (quarter 2) and 70% (quarter 3).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Glass screens behind reception helped reduce the risk of telephone conversations from being overheard.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice was displayed in reception advising patients of this.
- Patients could be treated by a clinician of the same sex.
- The provider held a taxi and equipment fund to support patients in need and had supported three patients to date.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients found staff helpful and friendly and told us that they were treated them with dignity and respect.

Results from the national GP patient survey (published in July 2016) showed that patients felt they were treated with compassion, dignity and respect. Satisfaction scores on consultations with GPs and nurses and for helpfulness of receptionists were mostly in line with CCG and national averages. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

An action plan had been put in place in response to patient feedback including the patient survey. This showed that discussions had been held with clinical staff around empathy and customer care.

The views of external stakeholders were positive. For example there was positive feedback from a local hostel, healthcare professionals and a community leader about the support provided from the practice.

### Care planning and involvement in decisions about care and treatment

Feedback received from patients via the CQC comment cards indicated that patients were satisfied with their involvement in their care and treatment. We saw examples of various care plans in place including mental health, diabetes and learning disabilities. The practice had recently created a care plan for pregnancy to ensure the completion of care for mothers. This was in response to the comparatively higher rates of infant mortality in the Sandwell area.

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 in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 76% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% national average of 85%.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. Many of the staff also spoke second languages that were spoken in the local community.
- The practice leaflet advised patients to speak to the staff if they required information in an accessible format.
- Reception staff told us that they would inform patients when they offered appointments whether it was with a GP or a pharmacy independent prescriber so that the patients could make a choice.

### **Patient and carer support to cope emotionally with care and treatment**

Notices and leaflets in the waiting area told patients how to access a number of support groups and organisations. The practice had access to 'route 2 wellbeing' a local online resource which provides information about various support available in the Sandwell area including support and advice on finance, housing and bereavement.

Information was also displayed in the waiting room inviting patients who were carers to let the practice know. The practice had identified 37 patients as carers (1.2% of the practice list). Those identified as carers were given a carer pack which provided information on local support and were offered annual health checks and flu vaccinations. The practice's computer system alerted the clinical staff if a patient was a carer. There was a lead member of staff for supporting carers. There were also links to information for carers through the practice's website.

The practice sent letters of condolence to families that had experienced bereavement to offer support. We saw a recent example which provided information about local support services available. There was practical advice on the practice website informing patients what to do in the event of death. We spoke with a community leader who came to the practice to speak with us they told us how the practice had supported a family over a bank holiday period to enable a burial to take place as soon as possible in line with cultural custom.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: The practice was participating in the primary care commissioning framework led by the CCG aimed at improving services and patient outcomes as well as delivering consistency in primary care services.

- The practice offered extended hours on a Tuesday evening until 8 pm and on a Saturday between 9.30pm and 12.30pm for working patients and those with other commitments that meant they could not attend during normal opening hours.
- There were longer appointments available for patients on request, patients could book a double appointment if needed.
- Home visits were available for those whose clinical needs resulted in difficulty attending the practice.
- Same day appointments were available for young children and those who were vulnerable. Staff were alerted to patients who were vulnerable through the patient record system.
- The practice regularly reviewed its long term condition registers to ensure they were accurate and to ensure patients received routine follow up appointments for the management of their conditions.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS. Patients who required vaccines available privately were signposted to other clinics.
- There were accessible facilities, which included: lift access to the practice on the first floor; a disabled parking space and toilet facilities and a low reception desk so that patients who used a wheelchair could easily speak with reception staff.
- The practice made use of interpretation services and some of the staff spoke other languages that were spoken in the local community. A hearing loop was also available.
- Baby changing facilities were available.
- A health promoter attended the practice three sessions each week to provide advice and support to patients on a healthy lifestyle programme. The practice actively invited patients who met certain criteria to participate.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. Patients were made aware of this through the practice leaflet.
- Patients with complex diabetes needs were able to be seen by a specialist consultant or diabetic nurse at the practice. These clinics were held on a monthly basis.
- Services such as electrocardiographs (ECGs) and spirometry were available in-house for the convenience of patients. A hospital phlebotomist (someone who takes blood) undertook a session once a month at the practice.
- Practice staff had attend community events at local sure start community centre to do health promotion and blood pressure checks.

### Access to the service

The practice was open Monday to Friday 8am to 6.30pm. Appointments were usually available between 9am and 10.50pm and between 2pm to 3.30 pm daily. On a Tuesday the practice also held a session between 4pm to 6pm. Extended hours appointments were offered on a Tuesday evening between 6.30pm and 8pm and on a Saturday between 9.30pm and 12.30pm. When the practice was closed services were provided by an out of hours provider which are reached through the NHS 111 telephone service.

In addition to pre-bookable appointments that could be booked up to one month in advance, same day urgent appointments were also available for patients that needed them.

Results from the national GP patient survey (published in July 2016) showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages. Patient's had higher satisfaction levels for practice opening hours and experience of making an appointment than obtaining appointments and waiting to be seen. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 71% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.

However,

- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 61% and national average of 76%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 38% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

An action plan was produced in response to patient feedback received on access and has led to a review and an increase in appointments available. For example:

- The practice introduced a Saturday clinic during 2016.
- The number of weekly consultations available had increased from 87 in March 2016 to 178 in March 2017.
- Capacity and demand was monitored on a daily basis using a traffic light system. Patients who wanted a same day appointment but where none were available were put on a waiting list and contacted if there was a cancellation. If more than three patients were on the list the practice went into 'amber' and additional appointments were opened. If the waiting list exceeded six patients other action would be triggered for example a locum doctor arranged for the next day. Patients on the waiting list were contacted when additional appointments were made available.
- The practice had yet to demonstrate what impact changes to access had on patient satisfaction scores

Feedback from patients through our CQC comment cards was positive about access and a number of patients told us

that they were usually able to get same day appointments, that reception staff were accommodating and called back when they said they would. There were no negative comments about the appointment system and access.

We saw that the next available routine appointment with a GP was on the day of our inspection. The next available appointment with a practice nurse was within two days.

The practice had a system to assess:

- whether a home visit was clinically necessary. Patients were asked for details which were passed on to a clinician.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available on the reception desk for patients to take away.

The practice had received three complaints in the last 12 months (one was a formal written complaint and the other two verbal). We looked at one of the complaints in detail and found it had been followed up in a timely manner. The patient received an apology and information about action taken.

Lessons were learned from individual concerns and complaints. These were discussed in clinical and staff meetings to support improvement.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- During the inspection the partners explained that their list size had increased from approximately 2000 to 3300 during the past three years. They had developed plans to extend the premises so that they could expand the services provided to meet the needs of their patients. The plans were currently awaiting approval from the CCG.
- The practice had information for patients relating to the patient charter which set out what patients can expect from the practice and their own responsibilities. It also detailed the practice philosophy.
- The partners also discussed with us how they were starting to undertake family history profiling to identify patients at risk for earlier intervention.

### 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 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. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Clinical and whole staff team meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical and internal audit was used to monitor quality and to make improvements to the service provided.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We found the practice well organised.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. We saw documented examples which demonstrated that the practice had systems in place to ensure that when things went wrong with care and treatment patients received an apology, reasonable support and explanation and apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors, district and palliative care nurses to monitor and support vulnerable patients.
- The practice held regular team meetings. The minutes of these meetings were comprehensively documented providing a useful source of reference as to what was discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt supported by the practice leadership.

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

The practice encouraged and sought feedback from patients and staff to improve the service:

- The practice received feedback from patients through the patient participation group (PPG) and through surveys, complaints and suggestions received. The PPG had approximately eight active members. Minutes of the PPG meetings showed that the practice had discussed future plans for the service, the national patient survey and action plan and the practice and complaints leaflet with members. The partners spoke about some of the changes they had implemented in response to patient feedback including air conditioning and the installation of a television in the waiting room and the recruitment of a female GP.

# Are services well-led?

Good 

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

- The practice received feedback from staff through staff meetings, appraisals and general discussions. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice team was innovative in the way it looked and used a skill mix of GPs and pharmacist independent prescribers in delivering care. They told us that there had initially been some scepticism about this model but now the CCG was signposting others to them to advise on this.