Care Quality Commission

Oakeswell Health Centre

Quality Report

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

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Summary of findings

Overall summary

Oakeswell Health Centre is a general practice located in Wednesbury in the West Midlands. It is a training practice for fully qualified doctors to gain experience and higher qualifications in general practice and family medicine.

On the day of our inspection we spoke with nine patients who were all very complimentary about the care and treatment they received. They told us that all staff were welcoming, respectful and caring. All patients we spoke with told us that the appointment system for non urgent appointments needed to be improved. We reviewed 39 patient comment cards from our Care Quality Commission (CQC) comments box which we had asked to be placed in the practice prior to our inspection. There were 36 out of 39 patients who were extremely complimentary about the service. Eight patients gave negative comments about the length of time to get a non urgent appointment. All patients told us that emergency, urgent appointments were easily accessible for patients.

We found that the service was safe. Patients were protected from the risk of abuse and avoidable harm. Performance was consistent over time and there were effective arrangements in place for reporting safety incidents. There were robust systems in place for safeguarding adults and children.

We found that the service was effective. Patients received care and treatment which achieved good outcomes, promoted a good quality of life and was based on the best available evidence.

We found that the staff treated people with compassion, kindness, dignity and respect. Two patients told us that they felt there was not enough opportunity for confidentiality when at the reception desk. Staff confirmed that if a patient needed to discuss a confidential matter, they could ask to discuss this in a private room away from reception.

We found that the service was responsive. Services were organised to meet the diverse needs of the patients. The practice was aware of improvements needed to the appointments system for non urgent appointments and was regularly monitoring how it worked. New initiatives were being trialled to enable patients to have a non urgent appointment to meet their needs.

We found that the service was well led. The leadership, management and governance supported learning and innovation and promoted an open and fair culture. We saw that the processes in place provided assurance that high quality care was being delivered.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
We found that the practice was safe. There were effective systems in place to ensure patients were protected from the risk of abuse or avoidable harm. There was a proactive approach to assessing and managing risks. Safety incidents or events were monitored and actions taken to prevent them happening again. Lessons learned from these were shared with staff.

Are services effective?
We found that the practice was effective. Patients' care and treatment was planned and delivered in line with current guidance and best practice. Patients were supported to make choices and to give informed consent. Chaperones were offered and provided for patients who requested support during invasive or intimate procedures. Staff were appropriately qualified and competent to carry out their roles safely and effectively.

Are services caring?
We found that staff were caring. Staff had a kind and compassionate attitude. All of the patients we spoke with during the inspection told us they were treated with respect and dignity. Everyone spoke highly of the doctors, nurses and reception/administration staff. Patients were supported to make decisions about their care and listened to. Emotional support was provided for those patients who had suffered bereavement.

Are services responsive to people's needs?
We found the service was responsive. The practice organised its services so that they met the needs of the patients. Services promoted good health and well being and also promoted self care and patient independence. All the patients we spoke with during the inspection told us that the doctors were very good and they were able to get an urgent appointment on the same day. However there were delays for non urgent appointments. The appointment system was being reviewed by the practice staff.

Are services well-led?
We found the services were well-led. There was an open and transparent culture within the practice. Staff were clear about their roles and responsibilities and were well supported. The leadership, management and governance of the service promoted high quality person-centred care which supported learning and innovation. Further improvement was required to obtain regular feedback from patients on the quality of the service.

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
We found that the staff were knowledgeable about the health needs of the older patients who used the service. We saw that they had relevant skills and competencies to respond to those needs. We saw that each patient over the age of 75 years of age had been allocated a named GP for continuity of care. We found that the care was tailored to the needs of the individual patient with the involvement of relevant family members or carers where appropriate.

People with long-term conditions
We found that the staff had the knowledge, skills and competencies to respond to the needs of patients with a long term condition such as diabetes and asthma. We found robust systems in place to ensure that all patients with a long term condition received regular reviews and health checks. Staff were proactive in following up late or missed appointments for these essential checks as part of the patient's annual review.

Mothers, babies, children and young people
We saw that the practice provided services to meet the needs of this population group. Staff were knowledgeable about how to safeguard children from the risk of abuse. There were effective screening and vaccination programmes in place to support patients and health promotion advice was provided. Information was available to young people regarding sexual health and family planning advice was provided by staff at the practice.

The working-age population and those recently retired
We saw that the practice offered a range of appointments which included pre-bookable appointments, same day appointments and telephone consultations. Staff told us that they tried to ensure that patients who were working were able to have an early appointment at 8.00 am or later at 5.30 pm whenever possible. They confirmed that there was also an on call doctor available until 6.30pm to support those who were unable to attend the practice during normal opening hours.

People in vulnerable circumstances who may have poor access to primary care
We found that the practice enabled all people to access their GP services. Staff told us that they supported those who were in temporary residence or travellers to register with the practice. Staff were knowledgeable about the needs of the local population and

how best to meet those needs. For example we saw that patients were encouraged to take part in health promotion activities such as breast screening and smoking cessation. We saw that patients with a learning disability were invited for appointments with the GP and the nurse for a complete health check and to update their individual care plan.

People experiencing poor mental health
The practice maintained a register of those patients who experienced mental health problems. We saw that staff had the knowledge, skills and competencies to assess and respond to their needs and supported them to access treatment when experiencing a mental health crisis. Staff told us that they referred patients with complex mental health problems to the appropriate specialist services.

Summary of findings

What people who use the service say

We spoke with nine patients on the day of the inspection. All of them were extremely complimentary about the services provided at the practice. They said that the GPs and staff were very good. They told us that all the staff were kind, compassionate and respectful. All of the patients we spoke with said that they had difficulty getting a non urgent appointment, however they received good care and treatment when they eventually saw a GP. All of the patients told us that there was no problem at all getting an urgent appointment to see or speak with a GP.

We spoke with two patients who were members of the Patient Participation Group (PPG). PPGs are an effective way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care for patients. They told us that they felt listened to and supported by the practice manager. We reviewed the 39 patient comments cards from our Care Quality Commission (CQC) comments box that we had asked to be placed in the practice prior to our inspection. We saw that almost all comments were extremely positive. Patients told us that staff were friendly and helpful. There were two negative comments made on the CQC comment cards about the way they were spoken to by a member of staff on the telephone. There were eight comments about the lack of availability of non urgent appointments.

Members of the PPG told us they were aware that some patients had difficulty getting these appointments. They told us that they were also aware that the practice was trying to improve the non urgent appointment system. They knew that the practice had arranged telephone skills refresher training for reception staff and they felt that the receptionists were very pleasant and worked hard in difficult circumstances.

We looked at the national GP Patient Survey published in December 2013 which found that almost 73% of patients rated Oakeswell Health Centre as good or very good. The survey showed that patients generally felt that the doctor was good at listening to them. Over 90% of the patients who responded said that they had confidence and trust in the doctor and nurse they had seen last at the practice. The survey also showed that 65% of patients who responded felt that they had to wait too long to be seen for their appointment.

Areas for improvement

Action the service SHOULD take to improve

The provider should strengthen the current process for reviews of incidents and significant events to provide a more systematic approach to lessons learned.

The provider should consider ways to improve patient confidentiality at the reception desk and keep patients up-to-date about the steps being taken to improve the appointment system.

Outstanding practice

Our inspection team highlighted the following area of good practice:

Older patients with a higher level of need had been given a dedicated phone line for appointments and advice to enable easier access.

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Oakeswell Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The lead inspector was accompanied by a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and an expert by experience who had personal experience of using primary medical services.

Background to Oakeswell Health Centre

Oakeswell Health Centre is a general practice located in Wednesbury in the West Midlands. It is a training practice for fully qualified doctors to gain experience and higher qualifications in general practice and family medicine.

The practice has four permanent GPs (three male and one female), a practice manager and deputy practice manager, three practice nurses, one healthcare assistant, a reception manager and reception and administrative staff. There are 9525 patients registered with the practice (as at 31 March 2014). The practice is open from 8.30 am to 6.00 pm Monday to Friday. Patients can access the service for routine appointments from 8.00 am. The practice treats patients of all ages and provides a range of medical services. Oakeswell Health Centre has a higher percentage of its practice population in the 65 and over age group than the England average.

The practice provides a number of clinics for example asthma, diabetes and healthy heart. It also offers child immunisations, counselling, minor surgery and travel health.

Oakeswell Health Centre does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Detailed findings

Before the inspection 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 12 August 2014. During our inspection we spoke with two GPs, a locum GP, two GP registrars, a practice nurse, the practice manager and deputy manager, the reception supervisor and two receptionists and an administrator.

We spoke with nine patients who used the service about their experiences of the care they received. We talked with carers and/or family members and reviewed relevant documents. We attended listening events with local community groups who shared their views and experiences of the service. We reviewed 39 patient comment cards sharing their views and experiences of the practice.

Our findings

We found that the practice was safe. There were effective systems in place to ensure patients were protected from the risk of abuse or avoidable harm. There was a proactive approach to assessing and managing risks. Safety incidents or events were monitored and actions taken to prevent them happening again. Lessons learned from these were shared with staff.

Safe patient care

We saw that the practice had robust systems in place to assess and monitor the consistency of their performance over time. We saw records which showed that multiple sources of information were used by the practice to check the safety of the service and action was taken to address any areas in need of improvement. We found clear procedures were in place for reporting safety incidents, complaints or safeguarding concerns. Staff told us how they were supported to raise any concerns they might have and were able to explain the process for reporting those concerns.

Learning from incidents

We saw records which showed that the practice was open and transparent when there were near misses or when things went wrong. The provider had a system in place for reporting, recording and monitoring significant events. Significant events audits or analysis (SEA) were seen to be carried out each time there was a patient safety incident. We saw completed records which gave details of each individual incident and the investigation which was carried out as a result of the incident. We saw that actions were taken to reduce the risk of the same thing happening again; however it was difficult to identify the lessons learned from each incident. Staff told us that lessons learned from these incidents were shared with them at weekly practice meetings.

We saw that the provider notified the local Clinical Commissioning Group (CCG) of safety incidents and complaints. The CCG, who monitors the performance of the practice, told us that they did not have any concerns about this practice.

Safeguarding

The practice had a policy for the safe recruitment of staff including guidelines about seeking references, proof of identity and checking qualifications and professional registration. We looked at three staff files and found the recruitment policy had been followed. We saw that the practice manager carried out checks on the professional registrations of clinical staff at the practice and that all health professionals at the practice were registered and fit to practice. The provider ensured that patients were cared for by appropriately qualified and trained staff.

We spoke with one of the GPs who was the safeguarding lead for the practice. They told us that they had completed training at level 3 (advanced) in safeguarding children and safeguarding vulnerable adults. Training records seen during the inspection confirmed this. The GP showed us a link on the computer desktop to the local safeguarding board where they could obtain advice and guidance if required. The GP demonstrated a commitment to safeguarding patients and was very clear about their responsibility. We saw training records which showed that all clinical staff within the practice had completed level 3 training in safeguarding children. They also included evidence that all staff had received other training in safeguarding children and safeguarding vulnerable adults.

The GP gave us examples of joint working with community services in relation to safeguarding. They told us that they were in regular contact with the CCG lead for safeguarding children. The GP gave us an example where one of the GP registrars (trainee) at the practice had recently raised concerns about a child they had seen. The registrar discussed this with the GP lead for safeguarding and a safeguarding referral was made to the local authority who have responsibility for investigating safeguarding concerns. This demonstrated that the practice staff took a proactive approach to safeguarding with a focus on early identification to protect patients from risk of harm.

During the inspection, we found that there were other reliable systems and processes in place to keep people safe. These included a chaperone policy and patients told us that they were offered the opportunity to have a chaperone if any intimate or invasive treatment was required to be carried out by the doctor. We also saw that there were robust processes for ensuring the safe storage of prescription pads and confidential patient records.

The practice manager confirmed the practice carried out Disclosure and Barring service (DBS) checks for all staff. Records we checked supported this. DBS checks provide

employers with an individual's full criminal record and other information to assess the individual's suitability for the post. This ensured that patients were protected from the risks of unsafe care.

Monitoring safety and responding to risk

We found that there were systems in place to deal with medical emergencies. Staff told us they had received training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Training records confirmed this.

We saw that there were emergency drugs kept in a locked room which was accessible for all staff. We noted that there was no stock control log of the contents of the emergency drugs box, however all the emergency drugs were seen to be in date. The practice nurse and health care assistant confirmed that a log would be beneficial. We saw that there was oxygen and airway maintenance equipment for adults and children available at the practice. We saw that there were systems in place to ensure that the oxygen and emergency equipment were fit for purpose.

Medicines management

We found that medicines were administered and stored correctly. We were told that the lead practice nurse was responsible for managing the medicines held in the practice. We checked the storage and stock control of the medicines held in the practice. We found that medicines were well organised and kept in locked cupboards. We saw that there was an efficient system for stock rotation and a monthly audit was completed to ensure all medicines remained in date and safe to use for patients.

Medicines that required refrigeration were stored in two refrigerators. The practice nurse told us that one was used only for children’s vaccines to avoid error. We saw that refrigerator temperatures were recorded daily and set within the manufacturer’s guidance. We saw that a log was kept which recorded the delivery date of vaccines and their associated batch numbers. We saw that there was guidance for staff on how to maintain the supply and storage of vaccines at the required temperatures.

Cleanliness and infection control

All of the patients we spoke with during the inspection told us that the practice was always clean and tidy. Patients said that they saw the staff use personal protective equipment when they received treatment. We saw that the practice was clean and orderly. We saw hand sanitation gel was available for staff and patients throughout the practice including in reception.

We found that there were systems in place to protect patients and staff from the risk and spread of infection. There was a detailed infection control policy which provided staff with information regarding infection prevention and control. It included guidance about clinical waste and sharps (needles) disposal and the control and safe storage and handling of specimens. We saw evidence of an infection control audit which was carried out in May 2014. We saw that there were no issues identified as a result of the audit. We saw that clinical waste and sharps (needles) were disposed of safely and arranged through a registered waste carrier.

We checked staff training records and saw that all staff had received infection control training. We spoke with staff about this. Staff told us that they were aware of the relevant policies and where they were located. One staff member explained the steps they took to ensure that they and patients were protected against the risks of infections. We checked staff records and found that all clinical staff had received immunisations to ensure they and patients were protected from the risks of health care associated infections.

Staffing and recruitment

We found that the staffing establishments were set and reviewed to keep people safe and meet their needs. We asked the practice manager how staffing levels and the staff skill mix was maintained during times of sickness or change to ensure that patients needs could be met. The practice manager informed us that a formal process for managing holidays was in place to provide optimum staff cover at times of high demand such as during the winter months.

We saw evidence of a staffing policy which showed how staffing levels were monitored and the actions that would be taken if staffing levels and skill mix were affected for example by staff sickness. The practice manager confirmed that staffing levels were also discussed and monitored at the weekly management meetings that took place with the GPs.

Are services safe?

Dealing with Emergencies

We found that there was a detailed business continuity plan in place to deal with any emergencies which could disrupt the safe and smooth running of the practice. This was seen to be reviewed regularly and covered all aspects of the service including IT, staffing etc. Key contact numbers were included and a paper copy of the plan was kept in the practice by the practice manager.

Equipment

We looked at the equipment available in the practice for use in the event of an emergency, for example oxygen. We found that there were three oxygen cylinders available to support patients in an emergency situation. We spoke with one of the GPs and the practice manager about how a patient would be supported in the event of an emergency situation. The GP and practice manager recognised the need for a risk assessment to be considered and formalised to enable all staff to take appropriate action in the event of an emergency procedure.

We saw that there had been a fire risk assessment carried out by an external auditor in 2013 and that annual checks of fire extinguishers and electrical equipment had been completed. The practice manager confirmed that all other equipment used in the practice and for home visits was checked and calibrated each year. We saw that these were all up-to-date and in good order for the safety of patients and staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that the practice was effective. Patients' care and treatment was planned and delivered in line with current guidance and best practice. Patients were supported to make choices and to give informed consent. Chaperones were offered and provided for patients who requested support during invasive or intimate procedures. Staff were appropriately qualified and competent to carry out their roles safely and effectively.

Promoting best practice

Patients needs were assessed and care and treatment was delivered in line with current legislation and recognised best practice. We saw that the senior partner was the lead GP responsible for ensuring that the practice adhered to National Institute for Health and Care Excellence (NICE) guidelines. One of the GPs that we spoke with confirmed that they received information about relevant quality standards and guidance via the internet and through discussions at the monthly journal club that was held at the practice. This information was also shared during tutorials with the registrars. The GP informed us that the local guidelines were available on the Clinical Commissioning Group's (CCG) website and distributed by the CCG for all GPs. These were also discussed at the monthly meetings held at the practice.

We saw evidence where a new policy had been developed as a result of discussions with a consultant cardiologist who attended a practice meeting in October 2013. The consultant had updated the GPs and registrars about new modern anti-coagulation and electrolyte monitoring for relevant patients. This demonstrated that the practice was proactive in ensuring that they were up-to-date with current standards and applied them practically when assessing the needs of patients.

All of the patients we spoke with told us that the clinical staff took time to explain their condition and treatment options to them. They said that they were provided with information to enable them to make informed choices and that they felt involved in decisions about their care.

We saw that the practice had a consent policy, consent forms and withdrawal of consent forms. Patients and staff told us that patients were asked for their consent prior to any treatment being carried out. The practice nurse we spoke with told us that verbal consent was always recorded on the patient's clinical record. They confirmed that written consent was always obtained for patients who needed minor surgery and from parents prior to immunisations given to their child. The practice nurse gave examples of the support that was provided for those people who lacked capacity to give written or verbal consent. They were knowledgeable about decisions made in the best interests of the patient and the Mental Capacity Act 2005. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The practice nurse told us that they always involved the carer or a patient's representative and information about the carer was recorded on the patient's record.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included: chronic obstructive pulmonary disease (COPD), fragility of fractures, basic life support and mental health. Each of these were analysed and we saw that actions were taken to improve patient care based on the results of some of these audits. We saw evidence that for each area, the audit was subsequently repeated to assess the on-going impact for patients and to check that any changes made had improved outcomes for them.

The practice participated in the CCG's prescribing development scheme which set targets for the practice in relation to the use of different medicines. Achievement against these targets was compared against other practices in the area and monitored by the management at the practice monthly to ensure best outcomes for patients. Oakeswell Health Centre was seen to be very effective in relation to the low prescribing of certain antibiotics.

Doctors in the surgery carried out minor surgical procedures in line with their registration and NICE guidance. We saw that the staff were appropriately trained and carried out regular clinical audits on their results which were used in their learning. Examples of audits seen included hand washing and infection control.

Staffing

We found that staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. We checked four staff records and saw that appropriate checks took place when new staff were recruited including locums.

Are services effective?

(for example, treatment is effective)

We checked induction records and spoke with staff. We saw and they confirmed that there was an effective induction programme in place for all staff. We spoke with a practice nurse who told us that shortly after they had completed their induction, they were allocated training in childhood immunisations with the public health lead in the area. They also received training from an asthma specialist which was arranged by the practice.

Each staff member received an annual appraisal and learning needs were identified. We saw that all staff completed mandatory training and additional training specific to their role. Two members of staff we spoke with confirmed that there were opportunities for staff to undertake professional development in addition to the mandatory training. They told us that the GPs and practice manager were very supportive of requests for additional training. We saw evidence that revalidation was taking place. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) on a regular basis that they are fit to practise and their knowledge is up to date.

Oakeswell Health Centre was a training practice for fully qualified doctors to gain further qualifications in general practice. The practice provided training for two to three registrars at one time. We spoke with two registrars (trainee GPs) on the day of the inspection who were extremely positive about their induction and the staff in the practice.

Working with other services

We spoke with two GPs during the inspection. Both gave examples of working in a collaborative way with other professionals to meet the needs of patients. One GP spoke of joint working with the local mental health team and gave an example of a patient with a learning disability who was also being treated by a consultant psychologist. The professionals were working together to ensure that the patient received joined up care and treatment.

We found that each doctor within the practice had lead responsibility for a particular area. For example one doctor was the palliative care lead for the practice and was a member of the CCG board. Another was the training programme director for the local Sandwell General Vocational Training Scheme. Others led on safeguarding children and vulnerable adults or had lead roles at the CCG such as finance and intermediate care.

We saw that multidisciplinary meetings took place at the practice with a range of other health professionals to co-ordinate care and meet the needs of the patients. Palliative care meetings took place quarterly and doctors and managers from the practice met with Macmillan nurses and district nurses to ensure there was a joined up approach to care and treatment for the patient.

We found that the practice had robust systems in place for managing blood results and recording information received from other health care providers, for example discharge letters and notifications. Three patients told us that the practice informed them of their test results promptly. One patient had been asked to make a follow up appointment so that the doctor could explain their results to them.

Health, promotion and prevention

We were told that all new patients were offered a consultation when they registered with the practice and a full medical history was obtained. The practice arranged home visits by a doctor for all new patients registered from a care home. We spoke with managers from three of the care homes that received a service from the practice. Each one told us that the service was very good from the practice and that the home visits were extremely helpful for all new residents.

The practice proactively identified patients and carers who may need extra support via a system on the computer. This enabled staff to understand and manage the needs of the patient in the most appropriate way.

The practice provided a range of support to enable patients to live healthier lives. Examples of this included, a weekly ‘Healthy Heart’ clinic, travel vaccinations clinic, breast screening and bowel screening. We were also told that the practice held a weekly child immunisation clinic and offered family planning advice and support.

Are services caring?

Our findings

We found that staff were caring. Staff had a kind and compassionate attitude. All of the patients we spoke with during the inspection told us they were treated with respect and dignity. Everyone spoke highly of the doctors, nurses and reception/administration staff. Patients were supported to make decisions about their care and listened to. Emotional support was provided for those patients who had suffered a bereavement.

Respect, dignity, compassion and empathy

We looked at 39 Care Quality Commission (CQC) comment cards that patients had completed prior to the inspection. Of these 33 out of 39 patients were extremely positive about the care they received from the practice and patients commented that staff were very professional, helpful and polite. One patient commented that the doctors, nurses and reception staff had always been first class and very helpful. Eight patients wrote of their dissatisfaction with the appointments process and that they had to wait for up to one to two weeks to get a non urgent appointment.

All of the patients we spoke with on the day of the inspection told us that staff at the practice were caring and kind. One patient told of us of the exemplary care that was provided by the doctor to their mother who had been terminally ill and had recently passed away. They confirmed that they had been offered bereavement support by the practice although they did not take up this offer. Staff confirmed that there was a counsellor who attended the practice once per week who offered a wide range of support and signposted patients to other services if required.

Throughout the inspection we saw and heard staff speaking with patients in a helpful and respectful manner. We asked patients about confidentiality and patients confirmed that they had never heard staff discussing other patients. Two patients said that there was a lack of privacy in the reception area and that other patients standing next to them could hear their discussions with the receptionist. We spoke with staff about how they respected patients' privacy at reception. Staff we spoke with were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area.

We saw that there were private consulting and treatment rooms used for discussions with patients. All patients told us that they were never interrupted during a consultation with the doctor and their dignity was respected at all times. We saw that there was information for patients about a chaperone support facility in the reception area. Two patients said that the practice provided chaperones for them when they had requested one to be present during intimate examinations. Female patients told us that they could see a female GP if they wished to at the practice. We saw that consulting rooms had curtains around the examination couch to maintain patients' privacy.

The national GP Patient Survey published in December 2013 found almost 73% of patients rated Oakeswell Health Centre as good or very good. The survey showed that patients generally felt that the doctor was good at listening to them. Over 90% of the patients who responded said that they had confidence and trust in the doctor and nurse they had seen last at the practice.

Involvement in decisions and consent

All of the patients we spoke with told us that doctors and nurses at the practice involved them in decisions about their care. One patient told us that they had attended the practice recently with their teenage child. They told us they were impressed that the doctor discussed the treatment with the young person and provided information that they could understand. Another patient told us how the doctor had asked for their written consent to film their consultation as they had an interesting condition that could be used in the training practice for trainee GPs. They told us that the doctor fully explained what was involved beforehand so that they felt happy to consent to the request.

Patients told us that they received information about their conditions and clinical staff took time to answer any questions they had to enable them to make informed choices about their care and treatment. Clinical staff showed us examples of the types of information provided for patients such as diabetes and chronic obstructive pulmonary disease. We saw that patients were signposted to other services such as alcohol and drug support. A smoking cessation clinic was located at the practice each week for patients to access.

The practice nurse we spoke with confirmed that all staff put the needs of the patient first and for those where English was not their first language, an interpreter was

Are services caring?

provided to assist them. We asked clinical staff about how people who lacked capacity to give verbal consent were supported. They were knowledgeable about the Mental Capacity Act 2005 and the process for best interest decisions. Training records we checked confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the service was responsive. The practice organised its services so that they met the needs of the patients. Services promoted good health and well being and also promoted self care and patient independence. All the patients we spoke with during the inspection told us that the doctors were very good and they were able to get an urgent appointment on the same day. However there were delays for non urgent appointments. The appointment system was being reviewed by the practice staff.

Responding to and meeting people's needs

The provider understood the different needs of the population that it served. We saw that services were organised and designed to meet those needs. We saw that there was information provided to the practice which enabled them to have an up-to-date picture of its local population. NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) had identified chronic obstructive pulmonary disease (COPD) and diabetes as two of the health priorities for 2013-2014. We saw evidence that information was available for patients about the different types of services provided at the practice which included asthma and diabetes clinics.

We saw that patients with long term conditions such as COPD, diabetes and heart disease were kept under review and received regular health checks. We were given examples by staff of how they promoted good health and well being to patients and helped them to be able to self care. One example of this was advising patients on the correct use of an inhaler and referring patients who were smokers to the smoking cessation service.

The practice proactively removed any barriers that some people faced in accessing or using the service. Staff we spoke with were knowledgeable about how to support patients who were homeless, travellers or temporary residents. For example the practice enabled travellers to register with the NHS by allowing them to use the practice address. Another example was where reception staff booked an interpreter to support patients where English was their second language in order for them to explain their health concerns and understand the treatment proposed by the doctor. We also saw that there were a range of leaflets in different languages for patients in the reception area which supported them to make an informed decision about their care and treatment. A female GP was one of the partners at the practice and was able to support patients who preferred to have a female doctor. This also reduced any barriers to care and supported the equality and diversity needs of the patients.

Two patients we spoke with told us that they had been referred to the hospital by their GP for follow up examinations such as a scan or to see a specialist consultant. They said that the reception staff informed them about their test results promptly and that the GP discussed the results with them if further treatment was required. One of the patients told us that they had received a number of tests and was then offered a choice of hospital to attend for further treatment with a specialist consultant.

The staff actively engaged with commissioners of services, local authorities and other providers to support the provision of coordinated care and treatment for patients. For example we were told that the practice was working with the CCG to develop care plans for specific groups of patients who required the most support.

Access to the service

The practice was open from 8.30 am to 6.00 pm Monday to Friday and offered both pre-bookable and same day appointments. Staff told us that patients were offered a telephone consultation with the GP if appropriate and said they would fit the patient in to be seen the same day if necessary. Home visits were also arranged for those patients who were unable to go to the practice.

All of the patients we spoke with told us that non urgent appointments were difficult to get, however they always managed to have an emergency appointment if required. Eight patients who completed our Care Quality Commission comment cards indicated they had experienced difficulties in making a non urgent appointment. One patient commented that when they arrived for their appointment, they had to wait a long time. However all of the patients we spoke with told us that they felt they received a good service once they had an appointment. One patient we spoke with confirmed that the facility to have an appointment after 5 pm at the practice was very helpful as they were unable to take time off from work to attend a routine appointment during standard opening times.

We saw evidence that the appointments system was being frequently monitored to check how the system was

working. We saw that action had been taken to try to improve the issues. One example of this was the regular use of a locum doctor who told us that their surgery started at 9.30 am to give reception time to book patient appointments with them on the day.

We saw that the practice provided a patient's charter which contained information for patients about the services available and how to access out of hours services. The practice did not have a website but the practice manager confirmed that plans were in place for this to be set up later in the year.

Concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. A copy of the policy and leaflets on how to make a complaint were available for patients in the waiting area. We also saw a suggestion box for patients to use if they wished to raise any ideas for improvement or concerns.

We found that there was an open and transparent approach towards complaints. We saw that the practice recorded all complaints and actions were taken to resolve the complaint as far as possible. Reception staff confirmed that they tried to resolve any issues straightaway and informed the reception manager or practice manager immediately.

Both GPs we spoke with told us that complaints and significant events were recorded and outcomes and learning from these were discussed at practice meetings. We saw minutes of these meetings and staff we spoke with confirmed this.

We spoke with a locum doctor at the practice who gave us an example of where a patient had recently made a verbal complaint at reception. This was dealt with immediately by the reception staff and the practice manager. A response was given to the patient who was happy with the outcome and did not wish to progress to a formal complaint. The locum doctor told us that they were impressed with the way that it was dealt with efficiently and appropriately.

All the patients we spoke with told us that they had never had to make a complaint but if they did they would contact the practice manager. Each of them said that their main issue was accessing non urgent appointments which could take more than a week. However they confirmed that they always managed to get an emergency appointment. The practice were aware of the issues and we saw evidence that the practice was trying to improve the situation.

Are services well-led?

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

Our findings

We found the services were well-led. There was an open and transparent culture within the practice. Staff were clear about their roles and responsibilities and were well supported. The leadership, management and governance of the service promoted high quality person-centred care which supported learning and innovation. Further improvement was required to obtain regular feedback from patients on the quality of the service.

Leadership and culture

We saw that the practice had a patients' charter which set out its philosophy to 'offer the highest standard of health care and advice to our patients, with the resources available to us'. Staff we spoke with demonstrated their commitment to this philosophy and to providing a high standard of service for patients.

The practice was a training centre for GPs and we found that the ethos of promoting good practice for patients was embedded in the leadership and culture of the service. We saw that there was openness, honesty and transparency at a senior level in the practice. This was visible throughout the organisation and staff told us that they felt supported, valued and motivated.

Staff told us that the practice was well led. We saw that there was strong leadership within the practice and the senior management team were visible and accessible. There was evidence of strong team working. Records showed that regular meetings took place for all staff groups. The practice manager told us that they met with the GPs each week and information from those meetings was shared with staff. Staff, including a locum and two registrars, confirmed that they felt able to contribute to meetings and raise any ideas for improvement or issues if necessary. They also told us that the GPs, practice manager and other managers were very supportive.

Throughout the inspection we saw and patients told us that staff treated patients with dignity and respect. All patients we spoke with confirmed that staff were compassionate and kind. One staff member told us how one of the GPs had walked in the snow to complete home visits for their patients when the inclement weather had prevented them from using a car. This caring ethos was evident with all the staff in the practice and we were given a number of examples where staff showed that they genuinely cared for their patients.

Governance arrangements

The governance arrangements in the practice were seen to be effective and promoted an open and transparent culture. We saw that there was a clear management structure and staff we spoke with were clear about their roles and responsibilities. They were able to give a detailed understanding of their specific area of responsibility and confirmed that they had received extensive and relevant training to be able to contribute fully to their teams.

We found that there were robust systems in place to monitor and address any potential risks to quality. We saw there were effective audit review processes used at the practice to promote positive outcomes for patients.

Systems to monitor and improve quality and improvement

We saw that there were robust processes in place to provide assurance that high quality care was being delivered and that these processes were reviewed regularly. The practice worked closely with the Clinical Commissioning Group (CCG) who set performance targets for local GP practices to achieve. The practice had effective systems in place to deliver against the required targets and to monitor their performance and patient quality outcomes. We saw evidence that this information was discussed at various staff meetings which were held at the practice.

We saw that a range of audits were carried out to monitor and improve the quality of the service provided for patients. These included infection control and mental health audits. We saw that these were detailed and thorough and action was taken as a result of the audit if any weaknesses were identified. The audits were then carried out again at a later date to check that the changes had made a positive improvement for patients.

Patient experience and involvement

The practice recognised the importance of the views of patients and their carers. There was a patient participation group (PPG) at the practice which had been in place for a number of years. PPGs are an effective way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care for patients.

Are services well-led?

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

We spoke with the chair and vice chair of the PPG who told us that they had been in post for a few months and were supported very well by the practice manager. They said there had been some difficulties in raising interest with patients to join the group. They showed us an information leaflet for patients which they had developed. We saw that it contained a comments form at the back for patients to provide feedback on the service. These leaflets were currently in draft form and would eventually be located in the reception area for patients. Patients could then leave their feedback anonymously if they so wished.

We saw that regular meetings took place between the practice manager and the PPG members. Minutes of these meetings provided evidence of how the practice kept the group members up-to-date with information for example the proposed refurbishment to the practice. They also showed that the group could raise any issues and these were discussed with the practice manager who then took action to resolve them where possible. The issue of patients concerns about getting an appointment were discussed and acknowledged. We saw that the practice had taken steps to improve this situation.

The PPG members and the practice manager confirmed that an open meeting was held every couple of months at the practice. This was advertised in the surgery and in the waiting room. We saw records of the meetings and the actions taken as a result of comments made by patients.

We saw that the practice had a comments box in reception for patients however we were told that this was rarely used by patients. The practice manager informed us that although there was not a practice website currently, there were plans for the practice to have a new IT system in September 2014 and the website would be developed from that time. This would then enable the PPG to have minutes from their meetings on the website and promote more feedback from patients on the quality of the service provided.

Staff engagement and involvement

Staff told us that they had regular meetings and they could contribute and raise any suggestions to improve the service or any concerns they might have. They confirmed that they were listened to and action was taken as a result of their comments. We saw that all staff had annual appraisals and staff told us that they felt involved in the running of the service and were well supported.

Learning and improvement

The practice was a training centre for qualified doctors to become general practitioners. The ethos of learning and improvement in terms of knowledge and skills was evident throughout the inspection. We saw that staff had access to a range of training opportunities. We were shown evidence of a thorough induction process. We looked at records which showed that all staff training was up to date. One of the practice nurses told us that they were training to be a nurse practitioner next year and one of the GPs had agreed to mentor them.

We found that GP appraisals were up-to-date and revalidation was taking place. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) on a regular basis that they are fit to practise and their knowledge is up to date.

We saw that the practice had systems in place to learn from significant events, incidents and complaints. There was a learning culture in the practice and we found evidence where continuous monitoring of the service had led to improvements for patients. An example of this was where a regular locum had been secured to provide additional capacity to the practice in response to the complaints from patients about the difficulty in obtaining a non urgent appointment.

Identification and management of risk

We found that the practice had systems in place to identify and manage risks related to the service. We saw that risk assessments were completed and action taken to reduce the possibility of identified risks from reoccurring. Significant events were recorded and evaluated however we found that it was not easy to find evidence of the lessons learned from some of these. Discussion with the practice manager confirmed the actions that had been taken as a result of these had provided improvements for patients.

The practice carried out a range of audits and checks to assess the quality of the service provided to patients. These were seen to initiate changes to improve outcomes for patients which included staff training or new policy development.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

The practice had a higher percentage of its practice population in the 65 and over age group than the England average. We were told that there was a high population of nursing home residents and we saw that the practice supported some residents in nine care homes. The practice provided a home visit service. We spoke with managers from three of the homes who told us that the GPs provided a good home visiting service and that the reception staff were extremely helpful and accommodating.

We were told that all GPs had their own patient list and all patients over the age of 75 years had a named accountable GP. This was to ensure the patient received continuity of care. Older patients with a higher level of need had been given access to a dedicated phone line for appointments and advice. This was also given to staff from nursing and residential homes who had older patients registered with this practice.

We saw that there were meetings to review the unplanned admissions and readmissions to hospital for this group of patients and action taken to improve outcomes for patients. We saw that the staff from the practice attended regular multidisciplinary team (MDT) meetings with other health professionals as part of risk profiling those patients with higher level needs. These meetings included district nurses, community matrons and representatives from the iCare (specialist nurses) and mental health teams.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

We saw that there was a systematic approach to the management of patients with long term conditions at the practice. Staff told us that they kept a register of those patients with a long term condition which was monitored and updated regularly. We saw that patients were offered on-going reviews and that there was a robust recall system in place.

We found that the practice held specialised clinics which included healthy heart, diabetes (with a specialist nurse twice per week), chronic obstructive pulmonary disease (COPD) and asthma. We saw that all of the practice nurses were trained in their appropriate field, such as diabetes, and navigated patients with a long term condition to the appropriate specialist service when required. The practice also offered an in-house smoking cessation clinic which was held weekly.

We saw that there was a range of information available at the practice for patients about different long term conditions including advice on self management. Staff also provided patients with details of various groups that they could access for additional support if they so wished.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

Staff were knowledgeable about how to safeguard children from the risk of abuse. We saw that all staff had received training in safeguarding children. Staff were able to explain what they would do if they saw a child at risk.

We saw that a female doctor was available to support mothers if they chose to see a female GP for intimate examinations and advice. A free pregnancy testing service was offered when clinically appropriate at the practice for immediate results for patients. The practice offered an in-house midwife clinic twice per week and a post natal screening service/clinic. There was also signposting to health visiting services at local children's centres.

The practice offered a weekly baby clinic which took place at times more convenient for parents which avoided the 'school run' times. We saw that there was a primary and pre-school immunisation programme provided at the practice. We found that staff consulted with children and young people in an age appropriate manner to reduce any anxieties they might have about the care or treatment they received.

Regular assessments of children's development and early identification of problems in the physical and emotional well-being of children were seen to be carried out by the GP. Children and young people with complex health needs were referred as appropriate to the relevant specialist. One of the GPs we spoke with told us how they recognised that young, adolescent patients may have high levels of anxiety due to never having accessed health services independently before. They told us that they offered the first appointment of the day to them to reduce the anxiety of coming to the practice. This demonstrated a sensitive and caring approach to the patient.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

We saw that the practice offered a range of appointments which included pre-bookable appointments, same day appointments and telephone consultations. Staff told us that they tried to ensure that patients who were working were able to have an early appointment at 8.00 am or later at 5.30 pm whenever possible. They confirmed that there was also an on call doctor available until 6.30pm to support those who were unable to attend the practice during normal opening hours.

We found that the practice continually monitored the appointment system and made appropriate changes to offer more flexibility to patients. Patients were also able to request a call back telephone consultation from a GP if required.

There were five local phlebotomy services that patients could access and the practice also offered this service if patients were unable to attend the other services.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

Staff were knowledgeable about the needs of the local population and how best to meet those needs. We found that the practice enabled all people to access their GP services. Staff told us that they supported those who were in temporary residence or travellers to register with the practice. We saw that patients were encouraged to take part in health promotion activities such as breast screening and smoking cessation.

Patients with a higher level of need such as those with a learning disability and their carers had been given access to a dedicated phone line for appointments and advice. We saw that patients with a learning disability received regular reviews and received information in the most appropriate way to aid their understanding.

The practice was working with the Clinical Commissioning Group (CCG) learning disability lead to develop a pictorial health care plan for a patient with a learning disability. The patient was allocated a one hour appointment slot with the GP to develop the care plan identifying the health needs of the patient. The patient had the care plan as a personal record of their health and well-being needs which was reviewed by the GP and updated regularly.

The GPs worked alongside a number of other services such as the befriending service from Agewell. They also referred vulnerable patients to other services such as the food bank, a church minister and a carers' service for those who had caring responsibilities. The practice offered an interpreter service for those people who needed it.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

We saw that staff had the knowledge, skills and competencies to assess and respond to patients with a mental health need and supported them to access treatment when experiencing a mental health crisis. Staff told us that they referred patients with complex mental health problems to the appropriate specialist services.

The practice maintained a register to ensure patients with a mental health problem were offered an annual appointment for a health check and medication review.

The practice provided an in house counselling service for patients who might be suffering from depression or who would benefit from the service. Patients were also signposted to other services such as bereavement services if appropriate. The practice worked with other services such as the mental health team to review care and implement new care pathways for example with newly diagnosed children and adolescents. Patients who experienced a mental health crisis were also supported by the practice to access urgent treatment via the mental health crisis team as required.