

Dr Peter Scott

Quality Report

406C Chester Road, Kingshurst
Birmingham B36 0LF
Tel: 0121 770 3035
Website: chesterroadsurgerycastlebromwich

Date of inspection visit: 20 April 2016
Date of publication: 16/06/2016

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Peter Scott	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Peter Scott Surgery, also known as Chester Road Surgery on 20 April 2016. This was a follow up to an announced comprehensive inspection at Dr Peter Scott's practice on 17 April 2015. During the inspection in 2015 we found the practice was in breach of legal requirements. The breaches related to:

Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good Governance

Regulation 18 HSCA (Regulated Activities) Regulations 2014 Staffing

Regulation 19 HSCA (Regulated Activities) Regulations 2014 Fit and proper persons employed

Following the inspection the practice wrote to us to say what they would do to meet the legal requirements. We undertook this inspection on 20 April 2016 to check that they had followed their plan and to confirm that they had met the legal requirements.

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

- There was an open and transparent approach to safety and an effective system had been put in place for reporting and recording significant events.
- Staff had regular monthly meetings to discuss significant events and lessons learnt. The practice carried out an analysis of each event with a documented action plan.
- Systems and processes had been put in place to keep patients safe and risks to patients were assessed and well managed.
- Health & safety risk assessments had been completed and action plans were in place.
- Infection control audit had been completed and we saw evidence that identified actions had been addressed.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

Summary of findings

the skills, knowledge and experience to deliver effective care and treatment and had received training appropriate to their roles and any further training needs had been identified and planned.

- The practice had a number of policies and procedures to govern activity, which had been reviewed and updated.
- All staff were aware of the practice policies and were able to access them via a central point on the practice computers
- The practice had set up a training matrix to monitor that all staff were receiving the appropriate training and updates to their role.
- The national GP survey results for January 2016 were higher than the local and national averages.

- The premises proved a challenge due to lack of space, which the staff managed well.
- There was a clear leadership structure and a temporary practice manager had been recruited to support the current practice manager and staff felt supported by management and the GPs.
- Recruitment procedures were in place and the necessary checks had been completed, this also included Disclosure and Barring Service (DBS) checks.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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. Since the last inspection the practice have introduced effective systems to identify and assess the quality of the service and manage risks by ensuring risk assessments are in place. Procedures for reporting and recording significant events and incidents were in place and lessons were shared with staff to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents patients received reasonable support and a verbal and 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 in place to keep patients safe and safeguarded from abuse and staff were aware of their role and responsibilities in relation to safeguarding children and vulnerable adults. Staff were able to explain how safeguarding concerns were raised and dealt with, there was a safeguarding lead and all staff had received the appropriate training for their role. Risks to patients were assessed and well managed. An infection control policy was in place and a recent infection control audit had been completed and actions had been identified and addressed.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and data showed patient outcomes were at or above average compared to the national average. The practice provided enhanced services which included personal health and advanced care planning. Staff assessed needs and delivered care in line with current evidence based guidance and the practice had set up a training matrix to ensure that staff learning needs were met. During the last inspection there were limited processes to assess staff development needs, but a system has now been implemented and we saw evidence of staff appraisals and personal development plans. Staff worked with multidisciplinary teams in managing the needs of patients with long term conditions and complex needs and we saw evidence of meetings that had taken place on a quarterly basis.

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

Good



Summary of findings

higher than others for several aspects of care and this was also reflected at the previous inspection. 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 easy to understand and 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 was working with the Solihull Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take review and commission local health services. The practice had good facilities and was well equipped to treat patients and meet their needs. Since the last inspection the practice has introduced easy to understand information about how to complain and complaint forms available. Staff were aware of the complaints procedures and learning from complaints was shared with staff at monthly meetings.

Good



Are services well-led?

The practice is rated as good for being well-led. Due to the increase of patients who had joined the practice the provider was working towards improving the premises and was being supported by the CCG. The practice had a mission statement on display in the reception and staff were aware of this. Since the last inspection the practice has introduced a number of policies and procedures to govern activity and a review of all policies had been completed and regular governance meetings were being held. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had employed a second practice manager to support the current manager in the delivery of the action plan and service improvements. Staff had received inductions and had regular performance reviews. The practice was in the process of organising a patient participation group and had held their first meeting in March 2016. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The PPG was promoted in the waiting room and invited patients to join. The provider was aware of and complied with the requirements of the duty of candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety

Good



Summary of findings

incidents and ensured this information was shared with staff to ensure appropriate action was taken. There was a strong focus on continuous learning and improvement and the practice worked closely with the local Clinical Commissioning 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

Good



The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments. The practice carried out over 75 reviews and medication checks and held regular meetings with the practice support pharmacist to discuss patient's needs.

The practice pharmacist carried out medication checks and held regular meetings with the GPs to discuss patient's needs. The practice worked closely with the district nursing team to support older people and others with long term or complex conditions.

People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management who monitored and reviewed patients with long term conditions and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Flu jabs were proactively offered to patients with diabetes, the practice had 242 patients on the diabetic register and 207 (94%) had received their flu vaccination.

Families, children and young people

Good



The practice is rated as good for the care of families, children and young people. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The nurse offered immunisations to children in line with the national immunisation programme and Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the

Summary of findings

premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors. Antenatal care was provided by the midwife who held a clinic once a week at the practice.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. The practice was proactive in offering online services such as appointment booking and repeat prescriptions services and offered early morning surgery on a Wednesday morning from 7am to 8am and later evening appointments on a Thursday from 6.30pm to 7.30pm. There was a full range of health promotion and screening that reflected the needs for this age group. The practice's uptake for the cervical screening programme higher than the national average.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and annual health checks for people with a learning disability. Home visits were carried out to patients who were housebound and to other patients on the day that had a need. There were 24 patients on the learning disability register and 21 (87.5%) had received their annual health checks. A hearing loop was available for patients who had hearing difficulties and an interpreting service was available. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and held quarterly meetings with the district nurses and community teams. There was a system in place to identify patients who required additional support and extra time during appointments. The safeguarding lead and staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had 27 patients diagnosed with dementia on their register and 19 (70%) had had their care reviewed in a face to face meeting in the last 12 months. Patients on the dementia and mental health register received annual reviews and patients unable to attend the practice were seen at home. Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. The practice had 19 patients on their mental health register and 16 (89%) had had their care plans reviewed in the last 12 months. The improving access to psychological therapies (IAPT) service held one clinic a week at the practice to review and monitor patients experiencing anxiety. Staff had a good understanding of how to support patients with mental health needs and dementia and the practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 312 survey forms were distributed and 117 were returned. This represented 37.5% response rate.

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85 %.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

The practice had seen improvements in their results since the January 2015 data was published. For example January 2015 results showed:

- 77% stated that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care, national average 80%. The January 2016 results show an increase of 15% to 88%, national average 82%.
- 75% said they were able to get an appointment with a preferred GP, national average 57%. The January 2016 data shows an increase of 19% to 94%, national average 59%.

Dr Peter Scott

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 Dr Peter Scott

Dr Peter Scott's practice is registered with the Care Quality Commission to provide primary medical services. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as childhood vaccination and immunisation schemes.

The practice is based within the Solihull Clinical Commissioning Group (CCG) area and operates from a detached property that has been converted and extended. The practice provides primary medical services to approximately 3500 patients in the local community. The practice is run by a lead male GP (provider) with a full-time salaried female GP. The nursing team consists of a practice nurse and healthcare assistant. The non-clinical team consists of administrative and reception staff and two practice managers (one has been temporarily employed to assist the current practice manager).

The practice had experienced a rapid increase in patient list size with an additional 1200 patients being accommodated in 2011 following the closure of a neighbouring practice. The increase in patients had caused considerable strain on current resources. The practice serves a higher than

average population of young women and people aged 50-54. The area served has higher deprivation compared to England as a whole and ranked at two out of ten, with ten being the least deprived.

The practice is open between the hours of 8am to 6pm on Monday, Tuesday, Thursday and Friday. The practice closed on Wednesday afternoons from 12.30pm. During the day reception closes from 12.30pm to 1.30pm and the surgery telephone is diverted from 12.30pm to 3.30pm to 'Badger' who are an external out of hours service provider, contracted by the practice. Extended opening hours were provided by the practice on Wednesday mornings from 7am to 8am and Thursday evenings from 6:30pm to 7:30pm.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

We had previously 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 in April 2015, where we found that aspects of the premises were not safe, effective, responsive, or well led for the purpose of carrying on regulated activities.

This inspection was based on the registration of the current provider who is the only provider delivering regulated activity at the location Dr Peter Scott. The inspection was planned to check whether the provider met the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, to review the action plan that had been submitted after the comprehensive inspection in April 2015, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

‘Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced follow up visit on 20 April 2016. During our visit we:

- Spoke with a range of staff including the lead GP, salaried GP, practice manager and reception staff.
- Observed how patients were being cared for and talked with carers and/or family members

To get to the heart of patients’ experiences of care and treatment, we always ask the following five questions: Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw minutes of meetings where these had been discussed and action had been taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and we saw minutes of meetings where safeguarding concerns had been discussed. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received training updates in February 2016 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 policy had been reviewed and updated to further support the staffs knowledge and understanding. .

- The practice had commissioned a Health & Safety adviser in November 2015 to complete an audit of the premises. We saw evidence of an action plan and the actions had been addressed. All relevant policies had been reviewed and updated in March 2016.
- The processes for the management of infection control had been reviewed. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and a schedule was in place of cleaning requirements to be completed on a daily basis. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, which had been updated in March 2016 and staff had received up to date training in infection control and handwashing techniques in August 2015. Annual infection control audits were undertaken and we saw evidence that action was being taken to address any areas of non-compliance. For example, carpets in treatment rooms have been removed and replaced with impervious flooring. The first audit was completed in March 2016 and reviewed again in April 2016 and the practice achieved an overall score of 97%.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and monthly meetings were held to ensure prescribing was in line with best practice guidelines for safe prescribing with the CCG practice support pharmacist. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We saw records which confirmed that a daily log of fridge temperatures was in place and the practice nurse and the lead GP were responsible for monitoring the fridge temperature.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Since the last inspection the practice had reviewed the systems and process for the management of risk. The practice demonstrated that risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and a maintenance contract was in place to review the fire extinguishers on a yearly basis. The latest fire risk assessment had been completed in April 2016 and we saw evidence that all staff had completed fire training and fire warden training. We saw evidence that electrical equipment testing was being organised and the practice had a maintenance schedule in place. Clinical equipment had been checked in April 2016 to ensure it was working properly and a review of gas safety had also been completed in April 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A control of substances hazardous to health (COSHH) audit had been completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and a new receptionist had recently been appointed.
- All rooms in patient accessible areas had been fitted with key code lockable doors and the room containing the practice server (a device which manages the computer network of an organisation) which was located within the waiting area downstairs was kept locked and an air vent had been put into the room so the server did not overheat.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the practice was linked with another local practice if a major disruption occurred.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice operated a 'blue chair system'. Patients that had urgent medical concerns were asked to sit in the blue chair in the waiting room and the GPs were notified via the reception team and the patients were made a priority to be seen immediately.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.2% of the total number of points available, with an exception reporting rate of 3.1%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to other practices at 75.64%. This was slightly lower than the national average of 77.54%
- The percentage of patients with hypertension having regular blood pressure tests was comparable to other practices at 88.4%, this was higher than the national average of 83.65%.
- The dementia diagnosis rate was comparable to other practices at 100% with an exception rate of 3.6%. This was higher than the national average of 84.01%.

- Performance for mental health related indicators was comparable to other practices at 93.33% and higher than the national average of 88.47%.

Clinical audits demonstrated quality improvement and the practice participated in local audits, national benchmarking, peer review and research. For example, prescribing data showed the practice had a large variation in comparison to the national average in the prescribing of hypnotic medicines. Hypnotic medicines are used to reduce tension and anxiety and induce calm or to induce sleep. The practice worked closely with the pharmacist advisor of the CCG in reviewing patients on these medicines. The audit resulted in a 45% reduction in prescribing over the last 12 months.

We reviewed two audits where the improvements made were implemented and monitored. For example, an audit had been completed on patients had given their consent to having minor surgical procedures and the number of adverse events, a new consent form was introduced as a result of the first audit. The second cycle of the audit confirmed that 100% compliance had been achieved with the new consent form the practice had introduced and there had been no adverse events.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice was supporting the practice nurse with her Fundamentals of General Practice nursing degree course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- Following the last inspection the learning needs of staff had been reviewed. Learning requirements were identified through a system of appraisals, meetings and reviews of practice development needs and the practice had set up a training matrix to monitor that all staff had received the appropriate training and updates for their role. Staff had improved access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, e-learning training modules, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and infection control and information governance.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 83.4%, which was comparable to other practices and higher than the national average of 81.8%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 91.7% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff were careful to maintain patient confidentiality. The reception desk had glass partitions which helped the practice maintain patient confidentiality when answering the phone.
- If a patient wished to speak with the reception staff in private they would try and use a spare consulting room. We saw signs in the waiting area advising patients that this was available.
- There was a female GP employed at the practice in addition to the lead male GP which gave patients the option of seeing either a male or female GP.

Results from the national GP patient survey of January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% of patients said the GP gave them enough time (CCG average of 87%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 95% national average 95%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86%, national average of 87%).

Care planning and involvement in decisions about care and treatment

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 291 patients as carers 8% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

If families had suffered bereavement, the GP contacted them to offer advice and support.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning appointments on Wednesday from 7am to 8am and later evening appointments on Thursday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a ramp access which aided those with mobility issues and disabled facilities were located on the ground floor.
- There was an induction loop system in place to help patients who used hearing aids.
- All staff were aware of the translation service and how to access this if required.
- The practice was located on two floors which meant that patients with mobility issues could not access the upstairs rooms. We were told patients if have difficulties with stairs are offered appointments in the consulting room located on the ground floor.

Access to the service

The practice was open between the hours of 8am to 6pm on Monday, Tuesday, Thursday and Friday. The practice closed on Wednesday afternoons from 12.30pm. During the

day reception closed from 12.30pm to 1.30pm.

Appointments were available from 8.30am to 10.30am every morning and 4pm to 6pm every evening except Wednesday. Extended hours appointments were offered on a Wednesday morning from 7am to 8am and Thursday evening from 6.30pm to 7.30pm. Badger was the out-of-hours (OOH) service provider when the practice was closed.

Results from the national GP patient survey in January 2016 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.
- 89% of patients said they could get through easily to the practice by phone (CCG average 68%, national average 73%).

Appointments could be booked and cancelled online and repeat prescriptions could also be requested through the practice website.

Listening and learning from concerns and complaints

The practice told us that no complaints had been received in the past 12 months, but minutes from the staff meeting in March 2016 were seen which detailed the complaints procedures had been discussed with staff.

- Guidelines for patients were available and the staff were aware of the procedures to follow. The practice was aware of the recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who would handle complaints in the practice.
- The information informing patients how they could raise a complaint had been made available to them in the waiting room.

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. Since the last inspection the practice had implemented new strategies to improve patient outcomes and had introduced effective monitoring processes to maintain standards of safety.

- The practice had a mission statement which was displayed in the waiting areas and since our previous inspection the practice has revisited their vision and values staff knew and understood them.
- At the time of the inspection we spoke with a representative of Solihull Clinical Commissioning Group (CCG) who told us that the practice was fully engaged with them to improve the practice and services for the local population.
- The premises were recognised as the main challenge for the practice due to the lack of space, but the staff managed the limitation of space well and future plans for the practice include an extension to the current property.
- Regular meetings with the staff helped ensure the practice vision and strategy were regularly discussed.

Governance arrangements

Since the last inspection a review of the governance arrangements had taken place. The practice demonstrated that they had embedded an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were being reviewed to ensure they were practice specific. Those we saw such as safeguarding policy were robust and well written and had been shared with other staff so that they were aware of them.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

- Regular meetings took place for clinical and non-clinical staff. We saw that performance and risks were widely discussed at these meetings as regular agenda items so that action could be taken in a timely manner.

Leadership and culture

Since our previous inspection in April 2015 the leadership team showed great strength in learning and acting on adverse feedback. They openly admitted their devastation at the inspection findings. On the day of inspection the GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the doctors and managers were approachable and always took the time to listen to all members of staff and the staff felt supported and positive about the future of the practice. The provider was aware of and had systems in place 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty.

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

- Staff told us the practice held regular team meetings every month and we saw minutes of the meeting held in March 2016.
- 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.
- The practice had reviewed governance arrangements to facilitate communication. Staff we spoke with told us that the communication was good and they worked well as a team. Staff said they felt respected, valued and supported, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had carried out an in-house survey of patient satisfaction in October 2015 and had analysed the data from the National GP survey in January 2016.

The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. We were told that the practice had found it challenging to get patients to join the PPG and at their recent meeting in April 2016, three patients attended. We saw evidence of the agenda, minutes and action plan. The practice had included a request to join the PPG in the new patient information pack, a poster was on display in the waiting room and a link to join the PPG was available on the practice website.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team told us that they worked closely to improve the service and were working closely with Solihull CCG to continue improvements in the practice and outcomes for patients.