

# Bilbrook Medical Centre

## Quality Report

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

### Ratings

<b>Overall rating for this service</b>	<b>Outstanding</b> 
Are services safe?	<b>Outstanding</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Outstanding</b> 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bilbrook Medical Centre on 14 March 2016. Overall the practice is rated as Outstanding.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- There was a no-blame; open culture for reporting incidents and near misses. Safety and learning drove continuous improvement at the practice.
- Risks to patients and staff were thoroughly assessed and well managed. The practice used simulated drills when testing emergency procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients were treated with dignity and respect and the premises had been developed to improve patient experience with particular emphasis on vulnerable groups.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs. This supported the practice mission statement to provide treatment in a primary care setting.
- There was a clear leadership structure and staff felt very well supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

We saw some areas of outstanding practice:

- Thorough risk assessment processes delivered proactive safety and care in the practice, for example, simulation was used when emergency drills were carried out, children who presented with a rash were isolated to minimise the risk of contamination.

# Summary of findings

- The practice was proactive in sharing learning from significant events with external stakeholders. For example, an event reported by the practice had resulted in a national safety alert.
- Effective tracker systems were used to monitor newly registered patients, staff rota including absence and referrals made to secondary care. For example, the patient journey was monitored and followed up when required until discharged from hospital.
- A strong culture of education and learning was seen. Education sessions were held twice weekly and protected time was provided monthly for all staff.
- Innovation was used to bring care closer to home. The practice purchased ultrasound equipment and employed a sonographer to provide diagnostic and pelvic ultrasound services.

**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 outstanding for providing safe services.

- There was a robust system in place for reporting and recording significant events. A GP partner was nominated as the lead for significant events. The practice had recorded and reviewed 50 events in the past 12 months. The level and quality of incident reporting ensured a robust picture of safety.
- The practice was proactive in sharing learning from significant events with external stakeholders. For example, an event reported by the practice had resulted in a national safety alert.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse. They were able to describe cases where they had implemented their safeguarding processes and knowledge to keep vulnerable patients safe.
- The practice had well maintained facilities and equipment.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that comprehensive checks on staff were completed.
- There was a comprehensive training programme for staff. For example, chaperone training given to staff was a full day.
- Risks to patients and staff were assessed, regularly reviewed and well managed with a proactive approach.

The practice included patients in testing out their emergency procedures. For example, simulated fire drills and emergency procedures that required basic life support. A debrief and analysis was performed after the simulated incidents and shared with staff.

Outstanding



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above both local and national averages. The practice achieved 98.2% of the total number of points available in 2014/15
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Regular clinical audits were completed and repeated cycles demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice above local and national averages in 14 out of the 16 indicators in aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Home visits were given to patients when housebound or unable to attend the practice.
- The practice offered a safe haven to vulnerable patients and staff would offer refreshments, a quiet area to sit and support to patients who attended the surgery with or without an appointment.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population. Approximately half of the phlebotomy service was performed in the patient's home.

Good



# Summary of findings

- Ultrasound and dermoscopic assessment was provided at the practice and a sonographer employed (a sonographer is a specialised health worker who performs diagnostics using high-frequency sound waves, also known as ultrasound).
- The practice had performed an audit for nutritional requirement for patients in care and nursing homes.

## Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a written business plan that included succession planning.
- There was a mission statement that all staff had contributed to. This statement was evident and central to decision making and staff we spoke with demonstrated a clear understanding of the practice objectives.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had policies and procedures to govern activity.
- Clinical staff supported one another in daily group sessions that followed morning clinics.
- Regular governance meetings held included all practice staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. There was a strong culture of openness and honesty and staff felt comfortable when raising issues.
- The practice had systems in place for knowing about notifiable safety incidents. These included a system developed for the notification of concerns in secondary care, developed at the practice, and implemented by other local practices.
- The GP partners and the management team were aware of the practice performance and the specific requirements of their patients. Many examples were seen of how services and facilities had been adjusted to meet these requirements.
- The practice used effective tracking systems to monitor patient referrals, staff absence and newly registered patients. These systems provided visibility and information that allowed for a proactive management approach.

**Outstanding**



# Summary of findings

- There were many examples of the practice using innovation that improved the patient experience. For example, healthcare services were delivered closer to the patient's home and reduced the requirement of onward referral to secondary care.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that resided in nursing and care homes. Each care home had a named, designated GP who performed regular visits. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. All over 75 year olds had a completed care plan. The practice was responsive to the needs of older people and offered home visits and offered longer appointments as required. The practice had identified and supported patients who were also carers.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice used the gold standards framework (GSF) to provide end of life care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies. The practice website and posters in the waiting room promoted breastfeeding. The waiting areas included sections that

Good



# Summary of findings

had been converted to play areas for young children. The practice had a protocol to isolate from the main waiting area children identified to have rashes to minimise the risk of contamination to other patients.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). 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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered extended opening hours and a full range of health promotion and screening that reflected the needs for this age group. The practice had developed its presence on social media as a way to communicate health messages within the community. The practice had extended the telephone consultation service and made around 30 telephone consultation calls per day. Patients could access the travel clinic by telephone to be assessed for vaccination requirement.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service available for non-English speaking patients was clearly displayed at the reception. One of the GPs could sign Makaton. Makaton is a language programme using signs and symbols to help people communicate. The building had an automated entrance door, a sliding door for the disabled toilet and disabled parking bays in the car park. Raised seating in the waiting area was provided for patients with reduced mobility. All treatment and consultation rooms were on the ground floor but a lift had been installed to assist and required access to the second floor of the building. Staff told us that isolated patients were supported by the GP delivering the prescription to the pharmacy and a home delivery requested.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 21 patients on the learning disabilities register, 13 had received annual health checks for the year ending 21 March 2016 and three had declined. Longer appointments were offered for patients with a

Good



# Summary of findings

learning disability and carers were encouraged by GPs to be involved with care planning. There was a policy to provide patients with learning disabilities with appointments on a day and at a time to suit the individual.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example there were posters for a local substance misuse support service. Staff knew how to recognise signs of abuse in vulnerable adults and children and demonstrated a proactive care programme. For example, concerns were shared with the community matron and patients invited for an appointment. 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. Practice staff told us that vulnerable patients could use their services as a safe haven. This included offering a quiet room, refreshments and an informal chat if a vulnerable patient presented showing signs of distress.

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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. The practice had regular meetings with other health professionals in the case management of patients with mental health needs. A voluntary counsellor attended the practice on a weekly basis to support patients with mental health needs. The practice was a high achiever in depression assessments performed (84% compared with a national average of 75%).

Dementia screening was offered to patients identified in the at risk groups. Advance care planning was carried out for patients with dementia. A dementia training and awareness day had been arranged for all practice staff. The practice had a higher than average prevalence for dementia patients (1.2% compared to CCG and national average of 0.7%). This had doubled since 2014 and was attributed to the continued dementia related education. The QOF achievement for dementia reviews completed on patients within six months of diagnosis was 95%, CCG average 71%, national average 82%). All staff had received Dementia Friends training and the practice had undertaken a self-assessment process to become a dementia friendly practice.

**Outstanding**



# Summary of findings

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate. The practice website included links to emotional wellbeing resources.

# Summary of findings

## What people who use the service say

We spoke with five patients on the day of the inspection and collected 10 Care Quality Commission (CQC) comment cards. The comment cards highlighted a high level of patient satisfaction. Comments from patients were positive about the practice staff and spoke of a friendly and caring service. A number of comments were particularly positive about access to and availability of urgent appointments for children. Patients said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care.

The national GP patient survey results published on 7 January 2016 evidenced a high level of patient satisfaction. The practice performance scored higher than local and national averages in 16 of the 23 of the questions. For example:

- 95% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 92%.
- 84% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 81% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 81% and national average of 78%.
- 88% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.

There were 114 responses and a response rate of 44%.

## Outstanding practice

We saw some areas of outstanding practice:

- Thorough risk assessment processes delivered proactive safety and care in the practice, for example, simulation was used when emergency drills were carried out, children who presented with a rash were isolated to minimise the risk of contamination.
- The practice was proactive in sharing learning from significant events with external stakeholders. For example, an event reported by the practice had resulted in a national safety alert.
- Effective tracker systems were used to monitor newly registered patients, staff rota including absence and referrals made to secondary care. For example, the patient journey was monitored and followed up when required until discharged from hospital.
- A strong culture of education and learning was seen. Education sessions were held twice weekly clinical and non-clinical staff and protected time was provided monthly for all staff.
- Innovation was used to bring care closer to home. The practice purchased ultrasound equipment and employed a sonographer to provide diagnostic and pelvic ultrasound services. Patients could be diagnosed without the need to go to hospital.

# Bilbrook Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second inspector.

### Background to Bilbrook Medical Centre

The village of Bilbrook is situated in the Seisdon peninsula of Staffordshire three miles outside the city of Wolverhampton. Bilbrook has a population of approximately 5,000. The area is less deprived when compared to national averages sitting in the third less deprived decile.

The practice has been established for over 50 years and now has two GP partners practicing from a purpose-built building. The premises have been developed extensively and now include 15 consulting rooms, a dedicated minor surgery suite and child friendly zones in the waiting area. The practice is accredited to provide training to new and existing doctors at both undergraduate and postgraduate levels. Training facilities include an extensive library with audio-visual facilities.

The practice has a list size of 7,709 patients. The population distribution shows above national average numbers of patients over 65 years of age and below average number of patients less than 40 years of age. The ethnicity data for the practice shows 91.2% of patients are white British.

The two GP partners are assisted by a clinical team consisting of three salaried GPs, a GP registrar, two practice nurses and a healthcare assistant. The administration team consists of a practice manager and ten administration staff.

The practice opens from 8am to 6.30pm, Monday to Friday. Consulting times are staggered throughout the day to provide appointments during opening hours. The practice offers extended hours on Monday evenings between 6.30pm and 8pm and on Tuesday and Thursday mornings between 7am and 8am. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider. The nearest hospital with an A&E unit and a walk in service is New Cross Hospital, Wolverhampton.

### Why we carried out this inspection

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

### How we carried out this inspection

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

- Is it safe?
- Is it effective?

# Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 14 March 2016.

We spoke with a range of staff including the GP, nurses, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

findings



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been 50 events recorded in the preceding 12 months. The level and quality of incident reporting ensured a robust picture of safety. A summary of the past 12 months suggested there was no systemic events or pattern and that the high number of recorded events was a positive sign that the practice was thorough and candid.

- Staff told us that a designated GP was responsible for significant events and any incidents were recorded on a form available on the practice's computer system. A summary was produced with events recorded in the previous 12 months.
- The practice carried out timely analysis of individual significant events at a weekly practice meeting and learning outcomes were shared as a group or individually when appropriate.
- An example was seen of an event reported by the practice that resulted in a national safety alert.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an alert for sepsis resulted in an in house protocol being developed and an educational session arranged at a protected learning event. Three patients had been identified with sepsis in the last month.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All practice staff were engaged with the process and information was shared informally and through a central store of electronic documents available to all staff. A culture to encourage Duty of Candour was evident through the significant event reporting process and the number of events recorded in a 12 month time period. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurses had attended level three training in safeguarding. A GP partner was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. Administration staff had completed level one in safeguarding training. Safeguarding was discussed in weekly meetings with the health visitor and reviewed and shared with all staff at the monthly practice meeting. Examples seen demonstrated a strong awareness of safeguarding throughout the practice. For example, an elderly patient was observed having difficulties in parking his car. Reception staff notified the safeguarding lead and following five consultations and home visits the patient gave up use of their car.
- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Staff who acted as chaperones had been risk assessed. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones. The chaperone policy stated that staff must receive the training before acting as a chaperone and must not be left unsupervised with the patient.
- The practice maintained high standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received training infection control training, for example, training in handwashing and specimen handling. The cleaning staff attended practice meetings.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing,



## Are services safe?

recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the parameters.

- Prescription pads and forms for use in computers were stored securely and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud). Uncollected prescriptions were reviewed every six weeks.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were completed for the healthcare assistant.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks and health screening had been completed for all new staff. An induction programme was in place and evidence of completion seen for the most recent staff member.
- The practice had a lone working policy and used a notice board to inform staff who was on a home visit. This system was extended to affiliated health professionals and staff told us of an example when the system had been used to contact the next of kin of a health visitor who had not returned from a home visit when expected.

### Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided safety training that used simulation, for example, the response to a collapse in the waiting room was tested using a member of the patient participation group (PPG). Fire drills carried out included photographs of famous people placed throughout the surgery that were included on the roll call.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- Robust arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

- The practice had a buddy system to provide cover for holidays and absence. A tracking system was used to monitor this and evidence was seen of intervention when a member of staff identified as experiencing difficulty.
- Infection prevention control (IPC) audits were undertaken in line with the Department of Health IPC guidelines. The most recent audit had been completed in March 2016 and most actions had been completed. A weekly check of treatment and consultation rooms was completed and documented by the healthcare assistant.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks were carried out.
- The practice premises had been checked for asbestos.
- There was an isolation area used for children identified with rashes to minimise the risk to other patients.
- Thorough risk assessments had been completed and a written risk log included all identified risks. These included fire, health and safety, a car park risk assessment and ergonomic assessments.
- A soft intelligence reporting system for near misses in secondary care had been developed by the practice and rolled out to all practices in the Clinical Commissioning Group (CCG).

### Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system which alerted staff to any emergency. This was tested and reviewed.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.



## Are services safe?

- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- The practice carried out simulated scenarios to test emergency procedure. For example, a GP and a member of the group had simulated a collapse in a clinical room and tested the response to try resuscitation. A debrief and analysis was performed after both of the simulated incidents and shared with staff.
- There was a first aid kit and accident book and staff knew where they were located.
- Fire drills carried out included photographs of people placed throughout the surgery that were include on the roll call. This tested the evacuation procedure of patients as well as staff when completing fire drills.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the practice manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' 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. A dedicated internal notice board in the education room detailed new guidelines and provided education for practice staff.

- 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 staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- NICE guidelines were a standard agenda item for the weekly meeting. A board in the seminar room charted new guidelines and provided instructions for clinicians.

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). The practice developed services that gave patients care closer to home and reduced the need to use secondary care such as hospitals. For example, the practice implemented a full deep vein thrombosis (DVT) service. This service was piloted at the practice and then rolled out to other practices within the CCG. An audit showed that of seven patients diagnosed with DVT, all had been diagnosed and were being managed by the practice. DVT is a blood clot in one of the deep veins in the body.

The practice had a register of 21 patients with learning disabilities. Annual reviews had been completed on 13 of the 21 patients and three had declined for the year ending 31 March 2016. Reception staff told us that patients with learning disabilities were highlighted on the patient's electronic notes and were offered appointments on a day and time to suit the individual.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against

national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed:

- The practice achieved 98% of the total number of points available in 2014/15. This was higher than both the CCG average of 92.7% and the national average of 93.5%. It was also higher than in 2013/14 when the practice achieved 92.1% of the total number of points available.
- Clinical exception reporting was 5.4%. This was lower than the CCG average of 9.9% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that patients were not excepted without authorisation by a GP.

There had been four clinical audits in the last year. All clinical audits carried out had repeated cycles completed or planned. The information recorded evidenced that improvements had been made and were monitored. The audits included a review of sepsis. A protected learning time session was arranged and three patients had been found with sepsis in the last month.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

### Effective staffing

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

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery, dermatology and enhanced contraception.
- The practice provided training for all staff. It covered such topics as safeguarding, infection prevention and control and confidentiality.
- Staff commented very positively on being supported. There was a strong culture of individual development and staff had received at least annual appraisals.

# Are services effective?

## (for example, treatment is effective)

- Staff we spoke with spoke positively about the induction programme.

### Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were done for all patients who had care plans. Outcomes and follow up were coordinated by named staff. The nurses followed up hospital attendances by a telephone call to patients with a care plan.
- The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually.

### 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, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

### Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients. This included a vaccination for yellow fever. Patients could receive a travel vaccination assessment in a telephone consultation.

Data from QOF in 2014/15 showed that the practice had identified 15% of patients with hypertension (high blood pressure). This was in line with the CCG average of 14.97% and national average of 14.06%.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was comparable with local and national averages.

- The practice's uptake for the cervical screening programme was 79.1% which was similar to the CCG average of 81.2% and the national average of 81.8%.
- 77.1% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than the CCG average of 73.2% and national average of 72.2%.
- 61.4% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was comparable with the CCG average of 61.7% but higher than the national average of 58.3%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were comparable with CCG and national averages.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect.

We spoke with five patients during the inspection and collected 10 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comments from patients highlighted that all staff provided a caring and personal service.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Staff told us that patients would be advised that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed but there was no notice in the waiting room.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 257 patients to submit their views on the practice, a total of 114 forms were returned. This gave a return rate of 44%.

The results from the GP national patient survey showed patients were satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates higher than both local and national averages. For example:

- 90% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 87%.

- 96% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.

The patient feedback on the receptionists was higher than both local and national averages:

- 92% said they found the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.

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

The GP patient survey information we reviewed showed patient satisfaction was higher than both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed:

- 85% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

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

The practice had a carer's policy that promoted the care of patients who are carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. The practice had established that their patients were reluctant to notify them of being a carer and ran an annual carer's promotion day. There was a carer's register that numbered 42 patients. The practice was aware of the low number of carers identified and told us that attempts to identify more carers had been met with opposition by the local community. The practice amended the new patient registration form to include carer identification.

## Are services caring?

There was a dedicated notice board for carers situated in the practice waiting room with information on support and services provided both at the practice and in the local community.

Patients gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the GPs taking time to provide support and compassion.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

If a patient experienced bereavement, practice staff told us that they were signposted to services and were supported by a GP when appropriate.

# 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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and all treatment rooms were located on the ground floor of the building.
- Translation services were available for patients.
- There was a hearing loop and a speech transfer system at the reception desk.
- Approximately 50% of phlebotomy services was carried out in patients' homes.
- Baby changing facilities were available and well signposted.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Regular multidisciplinary team meetings were held. For example, a monthly meeting was held with the district nurses and community matron to discuss avoidable hospital admissions and patients receiving palliative care.

The GPs performed regular visits to patients residing in care homes.

### Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday. Consulting times were staggered throughout the day to provide appointments during opening hours. The practice offered extended hours on Monday evenings

between 6.30pm and 8pm and on Tuesday and Thursday mornings between 7am and 8am. When the practice was closed patients were advised to call the NHS 111 service or 999 for life threatening emergencies. The practice had opted out of providing an out of hours service choosing instead to use a third party provider.

Pre-bookable appointments could be booked up to four weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within one week and with nurses the next working day. We saw that urgent appointments were available on the day of inspection. Saturday clinics were arranged on an ad hoc basis, for example, additional clinics were arranged on a Saturday morning to administer flu vaccinations.

Results from the national GP patient survey published in January 2016 showed higher rates of satisfaction for indicators that related to access when compared to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 95% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.
- 88% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.
- 92% of patients were able to secure an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.

This was supported by patients' comment on the day of inspection. Patients spoke positively about same day access to appointments.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints

## Are services responsive to people's needs? (for example, to feedback?)

in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in the practice booklet and on the website.

The practice had received 18 complaints in the last 12 months. All complaints were either ongoing, or had been investigated and responded to in line with the practice

complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing. There was no trend in the nature of complaints and when appropriate the complaint had resulted in a significant event being recorded and reviewed. A tracker sheet was used to monitor progress on individual complaints.

# Are services well-led?

Outstanding



(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 formalised three year business plan that had been discussed and agreed between all staff employed by the practice. The objectives included a focus on preventative medicine, development of the practice's digital presence and succession planning.

There was a written set of mission statements that had been completed with input from all the staff. Through the mission statements, the practice developed five components:

- Deliver high quality of care to the patients, value them as individuals and go the extra mile.
- Maintain a no-blame, open culture of learning and reflection throughout the practice.
- Continue development as a learning organisation.
- Maintain a supportive, respectful and friendly environment for staff.
- Maintain an ecologically sustainable environment.

Staff we spoke with were able to demonstrate achievement of these aims. For example, there was a well-stocked medical library with educational facilities and raised seating had been installed in the waiting area to assist less mobile patients.

The practice had developed the building to facilitate additional services being delivered by the practice and to accommodate outside agencies such as physiotherapists and substance misuse counsellors who provided services from the premises. The development of the premises demonstrated the application of the ecological component of the mission statement. Solar panels had been fitted on the roof, a lockable bike rack provided for patient and staff to use and light tubes fitted that allowed more natural light into the building.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and those of others.

- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A comprehensive understanding of the performance of the practice was maintained.
- Each of the clinical team had a specific area in which they led and all staff were clear on their own and other staff's roles and responsibilities.
- The practice held regular meetings that included a mid-morning clinical meeting to discuss topics from that day, and educational time was protected each Tuesday and Wednesday lunch hour.
- Minutes of meetings were documented and shared with appropriate practice staff members. A set of standard agenda items produced in advance that included safeguarding, palliative care patients and significant event reviews.

### Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. This management approach was supported by a signing in board and message book sited in the reception area that had been introduced to promote teamwork, openness and regular communication. One of the GP partners had recently completed a Clinical Leadership Development Course in association with the local Clinical Commissioning Group (CCG).

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, feedback and a verbal and written apology.

# Are services well-led?

Outstanding



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

- They kept written records of verbal interactions as well as written correspondence.
- The reviews of events evidenced a strong learning culture.

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

- Staff told us the practice held regular team meetings. This included weekly practice meetings, weekly partner's meeting and a meeting was held each morning that provided support and discussion among the clinicians.
- The GPs attended a monthly protected learning time session directed by the senior GP partner.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and the support given was described as excellent. All staff were involved in discussions about how to run and develop the practice.
- All staff had received at least one appraisal in the last year. Personal development plans were completed for all staff.

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

The practice was aware of patient feedback and reviewed the results of the GP Patient Survey last published in January 2016. There was an established Patient Participation Group (PPG) that incorporated a virtual group that used email correspondence and communicated with patients unable to attend the face to face meetings. The virtual group aimed to encourage younger patients to engage. In 2015, and in response to patient feedback, the reception and waiting area had been redeveloped primarily to improve patient confidentiality. The change in reception and waiting area included the introduction of a dedicated child friendly zone and raised seating for patients with reduced mobility. All treatment rooms were on the ground floor but a lift was installed to provide disabled friendly access to upstairs offices. The PPG assisted the practice to complete simulated drills used to test emergency procedures. The PPG worked with the practice to deliver the strategy of providing close to home services for patients. They had successfully lobbied to have screening services provided in the local community.

A number of staff spoke of the working environment as the best they had experienced. Positive comments were made about their own personal development and their engagement with the running of the practice.

## Continuous improvement

The practice staff we spoke with told us they felt supported to develop professionally. All members of staff had received recent appraisals and half a day per month was set aside for protected learning time. Team events organised included a Dementia Friends and awareness day attended by all practice staff. The practice had a long history of training doctors from work experience through to final year training. There were medical students being supervised from Keele University and Imperial College, London. There was a strong culture of learning at the practice. Examples included the 50 significant events recorded in the preceding 12 months was a high number for the size of the practice. One of the GP partners acted as a mentor to the community matron in the development of her management of respiratory disease and supported her work to become an independent prescriber. The local pharmacist was supported in her work towards becoming an independent prescriber and the GPs invited her to join in their clinics.

The practice was involved with work as part of the National Institute of Health Research (NIHR) and was part of the local Primary Care Research West Midland North (PCR WMN), a network funded by the Department of Health to undertake research to improve patient care.

## Innovation

The practice had a strong history of innovation. There were examples where the practice had introduced a number of healthcare services to support the strategy of the provision of care close to the patient's home. These included:

- Advanced evaluation of dermatological (skin) conditions including dermoscopic assessment. In addition pathways for skin conditions developed by one of the GP partners had been implemented throughout the locality.
- A deep vein thrombosis (DVT) service that included assessment, ultrasound treatment and in house management.
- Near patient chest pain assessment.
- Diagnostic ultrasound assessment.

# Are services well-led?

Outstanding



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

- A microsuction clinic for assessment and management of ear conditions.
- A musculo-skeletal assessment clinic supported by ultrasound guided injections.
- Voluntary counsellor service for patients.