

Eve Hill Medical Practice

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

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

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 Eve Hill Medical Practice on 15 March 2016. Overall the practice is rated as outstanding.

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

- Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were consistently high levels of constructive staff engagement. The management team worked closely together to motivate and encourage staff to succeed.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and improvements to patient care and treatment. Staff were actively engaged in activities to monitor and improve quality and patient outcomes
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice was committed to working collaboratively and worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice.
- We observed the premises to be visibly clean and tidy. The practice had good facilities and was well equipped to treat patients and meet their needs

We saw some areas of outstanding practice:

- The practice took a proactive approach to understanding the needs of their patients who were carers. Due to ongoing work to identify and support carers, the practices carers register had increased by

9% in a three month period. Practice data highlighted that there were 265 carers on the practices register and 4% of the practices list had been identified as carers. There was a dedicated carer's lead in place and carers were offered support and regularly reviewed by the practice.

- The practice had identified that 21% of their carer population were also experiencing other conditions such as depression. Therefore the practice offered opportunistic depression screening for carers.
- The practice sent birthday letters to patients on their 75th birthdays to inform them of their named GP and to offer them an annual health check; 67% of the practices patients who were aged 75 and above had attended for a health check within the previous 12 months.

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.

- There were robust systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.
- The practice was proactive in identifying and managing significant events. There was a strong learning culture throughout the practice and used significant events, incidents and complaints as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- We observed the premises to be visibly clean and tidy. The practice had adequate arrangements in place to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes. In addition to audits, clinical reviews were completed across a number of areas at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas. Staff, teams and services were committed to working collaboratively.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. The practice was focusing on

Outstanding



Summary of findings

improving antibiotic prescribing by exploring near-patient testing methods and through local GP engagement to effectively reduce unnecessary antibiotic prescribing in general practice.

Are services caring?

The practice is rated as outstanding for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect. There was a strong theme of positive feedback from patients we spoke with on the day of our inspection; this was also evident in completed comment cards, positive survey results and positive feedback on the practice's NHS Choices web page.
- The practice took a proactive approach to understanding the needs of their patients who were also carers. There was a dedicated carer's lead and due to improvements made in the practice on identifying carers, the carers register had increased by 9% in a three month period and therefore 4% of the practice's list had been identified as carers.
- Carers were offered further support and were opportunistically screened for depression.
- The practice also supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- The practice was proactive in identifying patients with complex health conditions. There was an efficient referral process, with referrals often completed with the patient and the GP during consultation.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.

Good



Summary of findings

Are services well-led?

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

- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice. The practice recognised and celebrated staff innovation and hard work.
- The management team worked closely together to motivate and encourage staff to succeed. They also encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients, which it acted on. The practice had very active patient participation group which influenced practice development.
- Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.
- The practice team was forward thinking and was becoming a lead practice for clinical research projects to improve outcomes for patients in the area. One of the GPs had been nominated by the clinical commissioning group (CCG) as the local clinical research lead. For example, the practice was involved in studies regarding the early diagnosis of bowel cancer. As a result of the research study, several patients were referred to surgeons in secondary care and one new case of colon cancer was identified. In addition to research studies, the practice continued to encourage patients to take up national cancer screening programmes.

Outstanding



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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice sent birthday letters to patients on their 75th birthdays to inform them of their named GP and to offer them an annual health check; 67% of the practices patients who were aged 75 and above had attended for a health check within the previous 12 months.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.
- The practice completed a detailed analysis of their unplanned hospital admissions specific to elderly patients from a local residential home. In order to manage these patients more effectively the practice introduced a number of extra measures including comprehensive community medication reviews, virtual ward support and referral to other community services such as falls teams and dementia advisors. Comparable data from 2014/15 and 2015/16 highlighted a reduction in emergency hospital admissions and attendance at A&E.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A GP and a practice nurse were trained to advanced levels in diabetes care and insulin initiation. The practice were working

Outstanding



Summary of findings

on six monthly recalls for patients with diabetes and were also conducting telephone reviews for patients who were newly diagnosed with diabetes as well as housebound patients and working age patients

- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- One of the GPs had a lead role in prescribing and was also appointed as the local lead for clinical research by the CCG. The GP researched how the use of near-patient testing was an effective method to determine when patients should be treated with antibiotics. The practice applied for funding in order for specific testing machines to be installed across ten of the local practices. Additionally, the lead GP hosted a teaching session for local GPs regarding antibiotic prescribing where local GPs had signed up to become antibiotic guardians.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 82% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 93% to 98%.
- The practice offered urgent access appointments were available for children, as well as those with serious medical conditions. The practice also conducted a monthly review of child attendances at the local Accident and Emergency departments.
- We saw minutes of meetings to support that the practice worked closely with the Health Visitors and Midwife.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%.
- Patients could access appointments and services in a way and at a time that suited them.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice offered a choice of extended hours to suit their working age population, extended hours were available on Monday to Thursday between 6:30pm to 7:30pm.

Outstanding



People whose circumstances may make them vulnerable

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

- There were 38 patients on the practices learning disability register. The practice shared a report which highlighted that 95% of the practices patients with a learning disability had a care plan in place, 100% had medication reviews and 95% had face to face reviews within a 12 month period.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- The practice had identified 225 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 89% of these patients received face to face and medication reviews within a 12 month period.

Outstanding



Summary of findings

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).

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators was 100%, with an exception rate of 0%.
- There were 66 patients on the mental health register, 92% had care plans in place, 97% had received regular medication reviews and 92% had face to face reviews. Most of these patients had care plans in place, these patients were regularly reviewed and further reviews were planned.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Data showed that diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 54 patients on the practices register for dementia, 86% had care plans in place, 100% had medication reviews and 86% had face to face reviews within a 12 month period.

Outstanding



Summary of findings

What people who use the service say

The practice received 110 responses from the national GP patient survey published in January 2016, 278 surveys were sent out; this was a response rate of 36%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 85% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.

- 93% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 93% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with three patients during our inspection and the service users completed 21 comment cards. Patients and comment cards gave positive feedback with regards to the service provided.

Outstanding practice

We saw some areas of outstanding practice:

- The practice took a proactive approach to understanding the needs of their patients who were carers. Due to ongoing work to identify and support carers, the practice's carers register had increased by 9% in a three month period. Practice data highlighted that there were 265 carers on the practice's register and 4% of the practice's list had been identified as carers. There was a dedicated carer's lead in place and carers were offered support and regularly reviewed by the practice.
- The practice had identified that 21% of their carer population were also experiencing other conditions such as depression. Therefore the practice offered opportunistic depression screening for carers.
- The practice sent birthday letters to patients on their 75th birthdays to inform them of their named GP and to offer them an annual health check; 67% of the practice's patients who were aged 75 and above had attended for a health check within the previous 12 months.

Eve Hill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Eve Hill Medical Practice

Eve Hill medical practice is a long established practice located in the area of Dudley, in the West Midlands. There are approximately 7090 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GP partners (two male and two female), two practice nurses and a health care assistant. The GP partners and the practice manager form the practice management team and they are supported by a senior receptionist and a team of 11 staff members who cover reception, secretarial and administration roles. The practice was also an approved training practice and provided training to medical undergraduates from the University of Birmingham and occasionally from London medical schools.

The practice is open between 8am and 6:30pm during weekdays. Appointments are available from 8:30am to 1pm and 2pm until 6:30pm Monday to Friday. The practice offers

extended hours on Monday to Thursday between 6:30pm and 7:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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?
- 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

Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 15 March 2016.

- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. These included systems for reporting incidents, near misses, positive events and patient safety alerts, as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

The practice had records of 17 significant events that had occurred during the last 12 months. Significant event records were well documented, monitored through a tracking system and in most cases, new processes were implemented to avoid reoccurrence. For example, through reflecting on a significant event relating to a patient who had received palliative care, members of the practice team recognised the importance of providing holistic care to ensure that patients were engaging with secondary care as required. We saw that the practice applied a range of learning points and action points with regards to the significant event, including arranging a training session with a clinical nurse specialist in secondary care. Additionally, one of the GPs discussed the significant event with the local clinical commissioning group (CCG), as a result a number of cancer awareness and education sessions were arranged for clinicians in the local area. We also saw records of a cancer care review template developed by the GP who was also the practice lead for cancer care. The GP explained how the template was developed to improve a holistic care approach, to ensure effective engagement between patient, primary and secondary care and to mitigate risk of recurrence regarding potential missed medication and therapy treatment for patients with cancer. Records of the template demonstrated a thorough and robust process followed between patients and clinicians, systematic read codes were applied to each aspect of the template to support areas such as medication reviews, pain control checks and carer support. Conversations with clinical staff also highlighted how the template had been reviewed by the local CCG in order to utilise locally across other GP practices.

We saw records of an annual review which took place in March 2016; this demonstrated how the practice analysed themes from incidents, significant events and also from complaints. We saw how the practice used this as a further opportunity to apply and share learning with the practice team. For example, the practice installed a further vaccination fridge to mitigate risk of recurrence regarding vaccinations due to a break in the cold chain in May 2015. We saw that the incident was immediately and appropriately managed, recorded and reported in line with guidance by Public Health England. Additionally, during the annual review of significant events the practice decided to take further action to mitigate risk by purchasing another vaccination fridge.

The practice effectively monitored patient safety alerts; safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken. For example, we saw how reports were conducted and patients were recalled in to the practice in response to a medical device alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) with regards to medical equipment used for high doses of asthma relief.

Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas. These were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this.

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 abuse.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Staff demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for GPs. One of the GPs was the lead member of staff for safeguarding. The GP attended bi-monthly safeguarding meetings and provided reports where necessary for other agencies.

Are services safe?

- Notices were displayed to advise patients that a chaperone service was available if required, we also saw that the notices contained a list of staff members who had been trained how to chaperone so that patients and staff were aware of whom the chaperones were in the practice. The nursing staff would usually provide a chaperoning service and occasionally members of the reception team would act as chaperones. Staff members had been trained on how to chaperone and we saw that all staff members had received disclosure and barring checks (DBS checks). 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. There was a robust system in place for the prescribing of high risk medicines.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.
- A GP and a practice nurse were the infection control leads; they regularly liaised with the local infection prevention team to keep up to date with best practice. There was a protocol in place, we also saw records of

completed audits and evidence that action was taken to address any improvements identified as a result. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.

- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place.

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 that enough staff were on duty. The practice used regular locum GPs to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had robust checking systems in place and there were systems in place to monitor their use.
- 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 staff were aware of how to access the plan.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital.
- The practice had also completed a detailed analysis of their unplanned hospital admissions specific to elderly patients from a local residential home. The practice had identified that in some cases, patients had been admitted to hospital (unplanned) up to five times in one month. In order to manage these patients more effectively the practice introduced a number of extra measures including comprehensive community medication reviews, virtual ward support and referral to other community services such as falls teams and dementia advisors. The practice completed an audit to demonstrate the impact of this work, comparable data from 2014/15 and 2015/16 highlighted a reduction in emergency hospital admissions by 14%. Additionally, attendance at A&E had reduced by 25%.
- The practice conducted a monthly review of child attendances at the local Accident and Emergency departments. Where appropriate, further follow-ups and checks were made by the GPs, where risk factors were identified.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and

performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 95% of the total number of points available, with 5% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. There were 66 patients on the mental health register, 92% had care plans in place, 97% had medication reviews and 92% had face to face reviews. Most of these patients had care plans in place, these patients were regularly reviewed and further reviews were planned.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 54 patients on the practices register for dementia, 86% had care plans in place, 100% had medication reviews and 86% had face to face reviews.
- During our inspection we discuss the practices performance for overall diabetes related indicators which was 83%, compared to the CCG average of 87% and the national average of 89%. The practice had identified this as an area to improve on. A GP and a practice nurse were trained to advanced levels in diabetes care and insulin initiation. The practice were working on six monthly recalls for patients with diabetes and were also conducting telephone reviews for patients who were newly diagnosed with diabetes as well as housebound patients and working age patients. Discussions with staff members highlighted that they were confident that the practices diabetes performance would continue to improve.

The practice had an effective programme of continuous clinical and internal audits which were governed by an audit schedule to ensure that audits were embedded as a continuous process in the practice. Audits were discussed



Are services effective?

(for example, treatment is effective)

during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of 15 clinical audits; most of these were completed audits.

We saw that two sets of audits were completed in July 2015 and March 2016 regarding the management of gout in general practice. The GP made reference to recommendations by the British Society of Rheumatology Guidelines; guidance highlighted a four point criteria including that 90% of patients with a diagnosis of gout should be offered an appropriate nonsteroidal anti-inflammatory (NSAID) medicine. The first audit conducted in July involved an analysis of the four point criteria and findings highlighted that of 100 cases reviewed, 43% of patients had been offered the appropriate nonsteroidal anti-inflammatory medicine. Several actions were applied as a result on the audit including ensuring that clinicians prescribe the nonsteroidal anti-inflammatory medicine as a first line. The audit was repeated in March where a total of 57 cases were reviewed. Audit records highlighted some improvements in prescribing; 58% of patients had been offered the appropriate nonsteroidal anti-inflammatory medicine. We saw that the audit presented to clinicians along with an education session and further plans were in place to re-audit in a further 12 months' time.

A number of further audits were completed, including a diagnosis audit on irritable bowel syndrome (IBS), an audit of the removal of contraceptive implants, an audit on the monitoring of specific high risk medicines (such as Warfarin) and many prescribing audits and reviews including a prescribing audit on New Oral Anticoagulants (NOACs). The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a weekly basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

We saw records of audits specific to minor surgery and joint injections. Records highlighted minor complications in two out of 72 minor surgery procedures between November 2015 and October 2015. Five patients received an onward

referral and all patients had consent documented. We saw examples of four consent forms used for different types of minor surgery, contraceptive implants and devices; each form detailed surgery information and side effects.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including asthma, diabetes, family planning and sexual health. The practice manager had completed a degree in business management.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules. We also saw a comprehensive induction programme for locum GPs which was supported by a detailed locum induction pack. In addition to in-house training, staff made use of e-learning training modules
- We saw records which demonstrated how staff received ongoing training and support. Staff received regular reviews and staff had annual appraisals and regular supervision.
- Discussions with staff demonstrated that they were supported in attending external training updates. These included clinical updates on minor surgery and chronic disease management. GPs also attended a six weekly protected learning and engagement event facilitated by the CCG. Those who attended the events shared learning and information resources with the wider practice team, during regular practice meetings. Additionally, the practice manager had recently been supported by the practice to enrol on an NHS healthcare leadership course.
- There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the upcoming revalidation of nurses (starting in April 2016). The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation



Are services effective?

(for example, treatment is effective)

every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Coordinating patient care and information sharing

All 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. Staff, teams and services were committed to working collaboratively; patients with complex needs were supported to receive coordinated care. The practice team worked together and with other health and social care services to understand and meet the range of patients' needs and to assess and plan ongoing care and treatment.

We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis with regular representation from other health and social care services. We saw minutes of meetings to support that joint working took place and that vulnerable patients, unplanned hospital admissions and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

The practice implemented the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. This included the practice's palliative care register and regular GSF meetings to discuss the care and support needs of patients and their families. There were 78 patients on the palliative care register. The practice shared a report which highlighted that 93% of the practice's patients in palliative care had medicine reviews and 93% had face to face reviews.

There were 38 patients on the practice's learning disability register. The practice shared a report which highlighted that 95% of the practice's patients with a learning disability had a care plan in place, 100% had medicine reviews and 95% had face to face reviews.

The practice had identified 225 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 89% of these patients received face to face and medication reviews within a 12 month period.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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.

Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 82% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 93% to 98%.

The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



Are services effective? (for example, treatment is effective)

NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice's patient participation group (PPG) helped to support the practice with a health promotion event during

summer 2015 where patients and families attended the practice to listen to talks provided by external organisations such as Dudley Carers and Age UK. Patients could also get involved in with the local Get Cooking Team who gave advice and samples on healthy food choices and there were many activities for children's entertainment.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Patients completed 21 CQC comment cards, positive comments were made to describe the service and staff were described as kind, respectful and caring. Some of the comment cards we reviewed highlighted that patients recommended the practice to others in the local area.

We also spoke with five patients on the day of our inspection including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring.

The practice received a positive response to their NHS Friends and Family Test, with 98% of the respondents who took part reporting that they would recommend the practice to others. This theme aligned with many of the completed comment cards and with the feedback from patients we spoke with during our inspection.

Results from the national GP patient's survey (published in January 2016) highlighted that patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 96% said the GP was good at listening to them compared to the CCG average and national average of 89%.

- 98% said the GP gave them enough time compared to the CCG average and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

The practice also held a register of older people who need extra support, the practice sent birthday letters to patients on their 75th birthdays to inform them of their named GP and to offer them an annual health check with a member of the nursing team. Practice data highlighted that 67% of the practice's patients who were aged 75 and above had attended their health check within the previous 12 months.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Comment cards highlighted that the GPs often took the time to explain information and treatment options during consultations with patients. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%

Patient and carer support to cope emotionally with care and treatment

The practice took a proactive approach to understanding the needs of different groups of people, this included carers. The practice's computer system alerted GPs if a



Are services caring?

patient was also a carer, there was also a dedicated carer's lead to help to facilitate carer support. We saw records of an audit conducted in December 2015 where the practice reviewed the register for carers. The audit highlighted that 3% of the practices list had been identified as carers; this was a total of 243 carers who were registered at the practice. To improve this further, the practice held a team learning event and gave a presentation to staff on how to support and proactively identify carers. Additionally, the practice updated their new patient registration form to include carer related questions and a bespoke carer registration form was developed in conjunction with this. These changes had helped to identify more carers and we saw that the carers register had increased by 9% in a three month period. Therefore, there were 265 carers on the practices register and 4% of the practices list had been identified as carers.

The practice had identified that 21% of their carer population were also experiencing other conditions such as depression. Therefore the practice offered opportunistic depression screening for carers, data demonstrated that 24% of the practices carers had been screened for depression and further screening appointments were planned. The practice also offered flu jabs and annual reviews for anyone who was a carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice shared records of a bereavement survey that they were also distributing to bereaved carers and relatives as appropriate, staff explained that this was to identify methods of carer that could be improved as well as how the practice can further support service users.

We saw that a practice newsletter was circulated to patients who had signed up to receive an electronic copy; it was also on display in the waiting room and on the practices patient participation (PPG) webpage. Staff we spoke with explained that the practice newsletter was also sent to housebound patients.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also provided information and supported patients by referring them to a number of support groups, onsite counselling services and further support organisations. The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- The practice offered extended hours Monday to Thursday from 6:30pm to 7:30pm.
- There was an efficient referral process, with referral letters often completed with the patient and the GP during consultation. The practice also took this approach when using the electronic referral system (Choose and Book).
- There were disabled facilities, hearing loop and translation services available. Information was made available to patients in a variety of formats, online and also through easy to read paper formats.

Access to the service

The practice was open between 8am and 6:30pm during weekdays. Appointments were available from 8:30am to 1pm and then from 2pm until 6:30pm Monday to Friday. Appointments ran later Monday to Thursday when extended hours were offered between 6:30pm and 7:30pm. There was a GP on call each morning from 8am to 8:30am

and during the afternoons when appointments were closed. Pre-bookable appointments could be booked up to four and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that the practice was mostly performing above local and national averages overall:

- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 87% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

The practice had reviewed the results from the national GP patient survey and we saw records of a detailed action plan in order to improve performance regarding waiting times:

- 49% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 50% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The action plan for the patient survey demonstrated that some actions had been completed in order to improve waiting times, including installing a self-check in appointment screen for patients at reception; this also notified patients of how many patients were waiting to be seen by the GPs.

The patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. Patients commented that if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations. There was a strong theme of positive feedback from comment cards and patients we spoke with on the day of our inspection with regards to access to appointments; patients complimented the practice on their user friendly appointment system and good continuity of care.

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

Listening and learning from concerns and complaints

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

We saw a poster on display in the waiting area telling patients to speak with the practice manager if they had any concerns or complaints. The practice website and leaflet guided patients to contact the practice manager to discuss complaints.

The practice continually reviewed complaints and completed an annual review to detect themes or trends. The practice shared records of the four complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. We saw that learning from complaints was regularly discussed in monthly practice meetings.

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 clear vision to provide high quality patient-centred care. There was a documented plan and supporting notices on display which incorporated the values, objectives and overall vision of the practice. Throughout our inspection we noticed a strong theme of positive feedback from staff, patients and other organisations who worked with the practice. We spoke with 10 members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they worked well as a team. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- There was a clear staffing structure with supporting organisation charts in place. Staff had lead roles across a number of areas. For example, leads were in place for carers, whistleblowing, IT and Clinical Governance. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included managing recall systems, scheduling clinical reviews, managing patient safety alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out service improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet.

- An effective and well-structured programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw a range of comprehensive risk assessments in place where risk was monitored and mitigated. These included risk assessments regarding workplace stress to ensure that staff felt supported and that staff moral and well-being was maintained.
- There was a systematic approach to working with other organisations to improve patient care and outcomes.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The management team worked closely together and they shared an inspiring shared purpose to motivate and encourage staff to succeed. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and staff commented that the management team were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice had a regular programme of practice meetings; these included GP partner meetings, practice meetings and regular team meetings. All of these meetings were governed by agendas which staff could contribute to, meetings were minutes and action plans were produced to reflect actions at each meeting. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, alerts and NICE guidelines were regularly discussed.

The management team recognised staff innovation and hard work. We spoke with a member of the reception team who had been nominated by the practice for an apprentice of the year award. The staff member had successfully become a finalist due to hard work ethic.

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

Are services well-led?

Outstanding



(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. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG was consisted of 55 members. The group included a PPG chair, a vice chair and a secretary. The PPG frequently met as a group and approximately 15 to 20 members would attend the meetings every quarter; this was due to the large PPG list size. Minutes were circulated to members who could not always attend the meetings and the practice manager and the GPs regularly attended the PPG meetings.

We spoke with two members of the PPG as part of our inspection. The practice shared a range of minutes, newsletter articles and PPG event information to demonstrate how the group had been involved in a number of successful events and projects at the practice. For example, the PPG helped to support the practice with a health promotion event during summer 2015. The practice received many positive comments from patients and staff in response to the event which was described as informative and enjoyable.

We noticed a suggestions box in the waiting room for patients to make suggestions in the practice if they wished to. This was an idea put forward by the PPG. The PPG regularly reviewed these suggestions. An improvement led by the PPG as a result of a patient's suggestion included notifying patients that private areas were available, for instance if patients wished to speak to members of the reception team in private. The PPG used different methods to promote the group, including the practice newsletter.

Continuous improvement

The practice team was forward thinking and was becoming a lead practice for clinical research projects to improve outcomes for patients in the area. One of the GPs had been nominated by the clinical commissioning group (CCG) as the local clinical research lead.

The practice were heavily involved in a number of research studies including observational studies aiming to identify symptoms and examination findings that were most accurate for early identification of specific cancers, various cardiovascular safety profile related studies and self-monitoring for patients with hypertension. We saw records which outlined overall findings from a completed research study which focussed on the early diagnosis of

bowel cancer. The study investigated the feasibility of using software to highlight patients with symptoms and signs of suspected bowel cancer in general practice. Records highlighted how when the software was utilised in the practice, 18 specific searches were carried out between 2012 and 2014, 62 cases were reviewed by the GP and 10 patients required an appointment with the GP. As a result of the research study, several patients were referred to surgeons in secondary care and one new case of colon cancer was identified.

In addition to research studies, the practice continued to encourage patients to take up national cancer screening programmes. For example, we saw how the practice had completed an exercise by reviewing all their patients who had failed to return their bowel cancer home test kits since November 2015. Practice data highlighted that between November 2015 and April 2016, 172 patients were offered screening for bowel cancer, 97 (56%) had returned their kits and 44% had failed to return them. The practice sent letters to the remaining 44% to encourage these patients to return their kits; we also saw how the letter signposted patients to support services such as the national bowel cancer screening helpline.

One of the GPs had a lead role in prescribing and was also appointed as the local lead for clinical research by the CCG. The practice had focussed on improving antibiotic prescribing through a number of projects. The GP researched how the use of near-patient testing and C-reactive protein (CRP) testing as a blood test marker was an effective method to determine when patients should be treated with antibiotics. The practice developed a business case proposal for the local CCG to apply for equipment funding in order for CRP testing machines to be installed across ten of the local practices. Additionally, the lead GP hosted a teaching session for local GPs regarding antibiotic prescribing. Records of the event highlighted how local GPs had signed up to become antibiotic guardians and pledged to commit to both safe and effective ways of reducing unnecessary antibiotic prescribing in general practice; the event was a success and was also shared across the borough through local media.

Due to the success and proactive approach to clinical research participation, the practice was approached by the Clinical Research network and was awarded with funding to host a research nurse at the practice. Members of the management team explained that a research nurse will be

Are services well-led?

Outstanding



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

joining the practice during the summer of 2016. We also saw that clinical research projects were communicated to patients through the practice newsletter so that patients were kept informed on progress and of new studies taking place.