

Holland Park Surgery

Quality Report

Chester Road North
Brownhills
Walsall
WS8 7JB

Tel: 01543 378 594

Website: www.hollandparksurgery.co.uk

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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?

Outstanding 

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 Holland Park Surgery on 11 May 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Throughout our inspection there was a strong theme of positive feedback from staff and patients. Patients said they were treated with compassion, dignity and respect and they felt involved in their care and decisions about their treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice had a well-established shared care

service which they managed in conjunction with community outreach workers. This allowed the practice to effectively manage physical and psychological problems that may coexist with illicit substance misuse.

- Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the patient participation group. For example to bring more services closer to patients homes the practice listened to feedback and therefore implemented a Anticoagulation clinic (a blood test which tells clinicians how long Warfarin a blood thinning medication is delaying the blood from clotting) and carried out ultrasound and advanced dressings including compression dressings.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice actively reviewed complaints and assessed how they were being managed and responded to, improvements were made as a result.
- The practice was proactive in identifying and managing significant events. For example all significant events were thoroughly investigated and opportunities for learning from internal and external incidents were maximised.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership with robust governance arrangements in place. There was a regular programme of practice meetings and the overarching governance framework 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 used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. There were clear systemic processes in place and a strong learning culture with development opportunities for all staff. The practice was well organised and made full use of their resources to respond to changing population needs. We saw several areas of outstanding practice for example:

- The practice attended the yearly canal event in order to promote services available to those who would not normally access health care services. As a result the practice identified a number of people who were not registered with the practice. The practice now registers and supports 'Liveaboards' (people living aboard canal boats).

- The practice holds a yearly Awareness Day which they invite professionals such as the hospice Palliative Care Consultant, local Macmillan Nurse, Pathways4Life (a dementia support worker service for hard to reach groups), life coaches and diabetes UK to raise community awareness of the range of services available. Topics discussed on the day such as end of life care created much interest amongst patients and their carers.
- The practice had a strong culture of continued professional development and was keen to encourage younger people to take up a career in general practice. For example the practice helped young professionals gain employment and training in a health and social care environment by employing two clinical healthcare support apprentices.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the Patient Participation Group PPG was involved in the registrars and student nurses induction plan, for example they provided talks on topics such as an overview of services from the eyes of patients.

However there were areas of practice where the provider should make improvements. For example:

- The practice should continue to increase the uptake of health checks for patients aged 40 to 70 and over 75s.

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.

- Information about safety was highly valued and was used to promote learning and improvement. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation. The practice used monthly educational meetings to share learning and invited guest speakers to present guideline updates.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Robust infection control procedures were in place and the infection control lead received adequate training to enable her to carry out this role effectively.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. The practice used their monthly educational meetings to invite guest speakers to present guideline updates, system developments and information on new incentives.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality

Outstanding



Summary of findings

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.

- There was evidence of appraisals and personal development plans for all staff and shared learning was a common theme throughout the practice at all levels.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and they worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the Patient Participation Group PPG was involved in the registrars and student nurses' induction plan, for example they provided talks on topics such as an overview of services from the eyes of patients. The PPG told us that patients were happy with the service and facilities however the practice continued to seek ways to evolve.
- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for several aspects of care. 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.
- Information for patients about the services available was easy to understand and accessible within the practice and online.
- We saw staff treated patients with kindness, respect, and maintained patient and information confidentiality.
- The practice had a very informative carer's corner situated in the reception area which directed carers to various avenues of external support available.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice

Outstanding



Summary of findings

held a shared care opiate replacement therapy clinic and alcohol addiction therapy sessions with community outreach workers. The practice also worked with Pathways four Life in order to engage with hard to reach patients diagnosed with dementia.

- 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. For example to bring more services closer to patients home the practice carried out Anticoagulation clinics (a blood test which tells clinicians how long Warfarin a blood thinning medication is delaying the blood from clotting) and did ultrasound and advanced dressings including compression dressings.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand; evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice used proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice attended the yearly canal event in order to promote services available to the local community.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings to review updates.
- 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. Performance management arrangements had been proactively reviewed and took account of current models of best practice.

Outstanding



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had robust systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The patient participation group was very active. They were involved in registrars and student nurse induction plans where they provided talks on topics such as an overview of services from the eyes of patients.
- There was a strong focus on continuous learning and improvement at all levels, this was demonstrated through a range of internal meetings carried out to improve the quality of service provided.

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.
- The practice was responsive to the needs of older people, for example they offered support to registered patients who resided in the local care home, home visits and urgent appointments was available for those with enhanced needs.
- The practice is located in a multipurpose shared building and we saw that they proactively engaged with other health care professionals. For example we saw evidence of excellent working relationships with district nurses and community matron. The practice used the Integrated Care Team for conditions that can be safely managed in the community such as cellulitis and Deep Vein Thrombosis.
- The practice pharmacist carried out medication checks and held regular meetings with the GPs to discuss patient's needs.
- Data provided by the practice showed that 68% of patients aged 75 plus have had their health checks. The practice were pro-actively trying to increase this number, for example we were told that the practice used two apprentice healthcare assistants to help increase the uptake of over 75s health checks. Patients were also invited for checks opportunistically.
- The practice holds annual awareness days, each year they would have a specific theme. For example end of life care which was attended by the hospice Palliative Care Consultant and the local Macmillan Nurse. We were told the event created much interest amongst patients and their carers and did much to raise awareness of end of life issues in the local community. This was confirmed by some of the patients we spoke to on the day who stated that the practice held very good awareness events.
- We were told that the practice upcoming awareness day would be attended by a range of services such as Diabetes UK, Walsall Health Trainers and Lifestyle Services, Pathways4Life and St Giles Hospice.

Outstanding



People with long term conditions

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

Outstanding



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that the practice held bi-monthly unplanned admissions meetings, these were well minuted and there was clear evidence of actions taken to reduce further hospital admissions.
- Performance for diabetes related indicators was similar to the national average. For example 83% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98%, compared to CCG average of 97% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Clinical staff were encouraging patients to engage with the Expert Patients Programme (a self-management programme for people living with long-term conditions, which supports them by increasing their confidence, improving their quality of life and helping them manage their condition more effectively).
- The practice provides a room for the community physiotherapist who runs a weekly clinic at the surgery.

Families, children and young people

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

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.

Outstanding



Summary of findings

- The practice's uptake for the cervical screening programme was 80%, which was above to the CCG average of 73% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and we observed the premises to be suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example the practice held bi-monthly multidisciplinary sharing and safeguarding meetings.

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 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. There were three online appointments per GP session available daily.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years. Although the uptake was low, for example 20% had their routine health check; we saw that the practice used apprentice health care assistants to help increase the uptake and they were also opportunistically directing patients to apprentice health care assistants
- We saw that the practice were proactive in offering a full range of health promotion and screening. The practice had a Facebook and Twitter page to provide updates on their services, the practice provided data which showed that their Facebook page had 100 likes with the largest page reach being 124 people. We saw that the practice actively engage with the local community, especially those who might otherwise have little contact with health services.

Outstanding



People whose circumstances may make them vulnerable

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

Outstanding



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD). The practice provided data which showed that 85% of patients with a LD have had a care plan and medication review in the last 12 months, 96% had a face to face review in the last 12 months.
- The practice attended the yearly Brownhills Canalside Festival to provide general health advice, blood pressure checks and information to those who would not normally access health care services. As a result the practice identified a number of people who were not registered with the practice. The practice now registers and supports 'Liveaboards' (people living aboard canal boats).
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example they provide shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medication at the surgery. The practice found that this reduces stigma and allowed the practice to manage any physical and psychological problems that may coexist with illicit substance misuse.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided in house bereavement counselling via their longstanding attached Community Psychiatric Nurse. We were told that the practice always sent a condolences card to relatives of patients who have passed away.

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).

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the national average. Data provided by the practice showed that there were 50 patients on the practices register for dementia, five declined a care plan, of the remaining 45 patients 73% had care plans in place.

Outstanding



Summary of findings

- Performance for mental health related indicators was above the national average. For example 92% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example the practice worked closely and signposted patients to Pathway4life, we also saw that the practice signposted patients to the monthly dementia café.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. We saw that patients were also being discussed during the practice bi-monthly unplanned admissions meeting.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Community Psychiatric Nurse ran sessions at the practice to support patients who were experiencing mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and four survey forms were distributed and 118 were returned. This represented a 39% completion rate.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. For example patients felt well looked after by the GPs, staff were caring, understanding and provided an excellent service. Patients felt that they were listened to and treated with dignity and respect.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, however some patients we spoke to were less favourable to accessing the GP of their choice. Results from the March 2016 Friends and Family Test identified 91% of patients would recommend Holland Park Surgery to friends and family this is representative of 34 responses.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to increase the uptake of health checks for patients aged 40 to 70 and over 75s.

Outstanding practice

The practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. There were clear systemic processes in place and a strong learning culture with development opportunities for all staff. The practice was well organised and made full use of their resources to respond to population needs. For example:

- The practice attended the yearly canal event in order to promote services available to those who would not normally access health care services. As a result the practice identified a number of people who were not registered with the practice. The practice now

registers and supports 'Liveboards' (people living aboard canal boats), they also work jointly and look after patients registered at the local canal boat centre.

- The practice holds a yearly Awareness Day which they invite professionals such as the hospice Palliative Care Consultant, local Macmillan Nurse, Pathways4Life (a dementia support worker service for hard to reach groups), life coaches and diabetes UK to raise community awareness of the range of services available. Topics discussed on the day such as end of life care created much interest amongst patients and their carers.

Summary of findings

- The practice had a strong culture of continued professional development and was keen to encourage younger people to take up a career in general practice. For example the practice helped young professionals gain employment and training in a health and social care environment by employing two clinical healthcare support apprentices.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the Patient Participation Group PPG was involved in the registrars and student nurses induction plan, for example they provided talks on topics such as an overview of services from the eyes of patients.

Holland Park Surgery

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 adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Holland Park Surgery

Holland Park Surgery is located in Walsall West Midlands; situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Holland Park Surgery are comparable to the national average, ranked at four out of 10, with 10 being the least deprived. The practice serves a higher than average younger population and those aged under 65.

The patient list is 3929 of various ages registered and cared for at the practice. Holland Park Surgery is built up of a group of GPs who work in a partnership called Umbrella Medical. The group of GPs were appointed to run the practice in November 2006. Service delivery is supported by six GP partners, a clinical and administration team. Services to patients are provided under an Alternative Primary Medical Services (APMS) contract with the Clinical Commissioning Group (CCG). APMS is a contract between general practices and the CCG for delivering primary care services to local communities.

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 surgery is registered with the Care Quality Commission (CQC) to deliver Diagnostic and screening procedures, Family planning, Maternity and midwifery services, surgical procedures, Treatment of disease, disorder or injury.

The practice is situated on the ground floor of a multipurpose building shared with other healthcare providers and the local library. There is parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staff comprises of one male and three female GPs with specialists interests in pharmacology, palliative care, men's and women's health. The nursing team is built up of one advanced nurse practitioner, two practice nurses, one health care assistant and two apprentice health care assistants. Service delivery is supported by a practice team which consists of one practice manager, one locality manager, two administrators, a clinical summariser, a secretary and three receptionists.

The practice is a teaching practice for the University of Birmingham Medical School facilitating GP Registrar's (GPs in training) to gain experience, knowledge and higher qualifications in general practice and family medicines. The practice is also a Nursing Training Practice for the University of Wolverhampton taking first to fourth year nursing students.

The practice is open between 7:30am to 6:30pm Monday, Wednesday and Friday, 8:00am to 6:30pm Tuesdays and 7:30am to 1pm Thursdays.

Detailed findings

GP consulting hours are from 7:30am to 6:30pm Monday, Wednesday and Friday, 8:00am to 6:30pm Tuesdays and 7:30am to 1pm Thursdays. Appointments were from 8:30am to 11:30am and 3:40pm to 6pm Mondays, Tuesdays, Wednesdays and Fridays; Thursday appointments were from 8:30am to 11:30am and the practice closed at 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Primecare. The practice also has a contract with Waldoc who provides cover from 1pm to 6:30pm on Thursdays.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 May 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a well-established robust system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared across all levels and action taken to improve safety in the practice was well documented.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was an open learning culture with a well-established system for monitoring, investigating and sharing learning from significant events. For example the practice held monthly leadership meetings to initially discuss incidents and actions, this was then being followed by monthly educational meetings to explore and implement learning points. The practice carried out a thorough analysis of significant events and we saw that learning was also being shared across the entire partnership.
- Information about safety was highly valued and was used to promote learning and improvement. The practice invited guest speakers to their monthly educational meetings to present guideline updates, system developments and information on new incentives. For example we saw a presentation on an alert relating to Rubella in pregnancy. Following this the practice displayed a poster on their maternity board, health checks were booked, alerts were placed on the system and we saw evidence of emails sent to all staff and clinicians regarding the new processes.

- Staff we spoke with had a thorough understanding of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process of recording significant events and felt confident in following the process.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and actions taken to improve safety in the practice. For example, we saw action taken to improve the handling of referrals following a significant event. The practice implemented an improved process which involved tasks being forwarded to the practice secretary who was then required to sign off each task once actions completed. The practice was also providing patients with reminder slips which prompted them to contact the practice if they have not received an appointment within seven days of their GP consultation. We also saw actions taken to ensure sufficient identification is obtained before booking patients in with GPs. We saw that GPs had been advised to ensure that they are confident in the identity of their patient before proceeding with the consultation. In all five significant events we reviewed the practice had provided the patient with an apology, explanation of the error and learning points.

The practice had a robust system in place to ensure they complied with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). For example there were systems in place for receiving and distributing alerts and we saw that the practice held an alert database which followed a traffic light system which prompted staff to the appropriate action required, this was accessible to all staff. We saw that alerts were a standing agenda item on the monthly leadership and management meeting. When asked we were provided with evidence of alerts received and actions taken, for example following an alert regarding home visits the practice implemented a new policy/protocol for reception staff to follow when receiving requests for home visits.

Overview of safety systems and processes

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

Are services safe?

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and we were told that they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical and non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. The GP who lead on safeguarding was trained to the appropriate level to carry out this role. We saw that the nurses received level three safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was trained for the role, had a clear understanding of their responsibilities and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice, the health care assistant (HCA) supported the nurse with this role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example; the practice scored 97 out of a possible 100 following an audit carried out by Walsall infection control team within the last 12 months. We saw that actions were taken to address any improvements identified for example new phlebotomy procedures (the collection of blood samples) were implemented.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Although processes were in place for handling repeat prescriptions which included the review of high risk medicines, following learning from a significant event this process was strengthened. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were told that the community pharmacist attended the practice twice a week, they used a prescribing decision support solution system to provide medication recommendations and support for decision making when deciding on treatment options. Blank prescription forms and pads were securely stored and there were robust systems in place to monitor their use. One of the nurses had qualified as an Advanced Nurse Practitioner and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice operated a well-structured induction program which included fire, health & safety, basic life support, infection control, manual handling, VDU screens and customer care training. Following this we were told that staff was required to attend corporate training.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and we were told that fire drills were arranged by the property landlords and carried out regularly by an external company. The practice was in a two story building therefore we saw that they had two fire marshals in place to cover both floors. All

Are services safe?

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- In addition to the landlords general health and safety risk assessment we saw that the practice carried out their own internal risk assessment and we saw that identified actions had either been addressed or reported to the landlords.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example that practice had a weekly advanced planner who assessed the amount of GPs required each week. There was a rota system in place for all the different staffing groups to ensure enough staff was on duty at all times.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a detailed comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had well embedded systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw that updates were being discussed educational meetings, when asked GPs told us that they were given a session per week for continuous professional development (CPD).
- We saw clear evidence of audits linked to NICE guidelines. For example the practice carried out an audit of the duration of dual antiplatelet therapy (the use of two particular medications to reduce the risk of heart attacks). The practice identified eight patients prescribed dual antiplatelet therapy during the period of the audit and 12.5% identified as being on dual therapy for longer than intended. The practice took appropriate action by implementing robust systems to ensure therapy is stopped at the correct time. A second audit was performed three months later, no patients were found to have been continued for longer than the recommended duration of therapy.
- GP that we spoke to told us that they added their own alerts for example for Albumin/Creatinine ratio (a test to screen people with chronic conditions such as diabetes and high blood pressure) which is no longer in QOF. We were also told that the GPs worked with Walsall CCG to write a template for over 75 checks.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality

of general practice and reward good practice). The most recent published results were 99% of the total number of points available; this was higher than the national average of 95%.

Exception reporting for the following domains was higher than CCG and national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example:

- Atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) was 18% compared to CCG average of 9% and national average of 11%. We were told that the practice carries out a high number of opportunistic pulse checks, data from the primary care web tool showed a diagnosis rate of 34% which was higher than average. Staff we spoke to told us that they have a high proportion of patients where anticoagulation service (a blood test which tells clinicians how long Warfarin a blood thinning medication is delaying the blood from clotting) is deemed not indicated or is declined. We were also told that patients with atrial fibrillation clinical staff were having a holistic patient centred discussion about the use of anticoagulation. Data provided by the practice showed that 97% of patients with atrial fibrillation are anticoagulated.
- Dementia was 11%, compared to CCG average of 6% and national average of 8%. During the inspection the practice provided data which showed that three patients 1% had been exception reported.
- Exception reporting for cancer was 15%, compared to CCG average of 12% and national average of 15%.

The practice had a lead that monitors QOF performance; we were told that patients were invited in three times before exception reporting. The practice QOF for patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 75%, compared to CCG average of 85% and national average of 84%. Following the awareness day we were told that the practice improved engagement for example data provided by the practice showed that 100% of patients with dementia had a face to face review and 98% had a medication review within the last 12 months. Although exception reporting for dementia and



Are services effective?

(for example, treatment is effective)

cancer were above average a search on the day showed that no patients was exception reported for cancer last year and three out of over 50 patients with dementia; we were told that all three patients had declined the review.

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

- Performance for diabetes related indicators was similar to the national average. For example 83% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98%, compared to CCG average of 97% and national average of 94%.
- Performance for mental health related indicators was above the national average. For example 92% compared to the national average of 88%.
- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 78% compared to CCG average of 73% and national average of 72%.

We also saw cancer information and screening posters and leaflets located in the reception area.

The practice had an effective programme of continuous clinical audits which was driving quality improvements. Audits were discussed during leadership and educational meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes.

- There had been five clinical audits completed in the last 12 months, on the day we reviewed two of these and saw they were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits prompted by Walsall CCG, accreditation and peer review.
- Findings were used by the practice to improve services. For example;

The practice carried out an audit on optimisation of statins (a class of medication used to lower blood cholesterol levels) in patients with Intradialytic Hypotension (IDH)

(defined as a decrease in blood pressure) and diabetes because they identified the area in which the practice is located as one of the most deprived neighbourhoods, characterised by marked health inequalities and significant levels of Cardiovascular (CVD) mortality and morbidity. The practice pharmacist identified 64 patients as not on a statin, a further analysis found 43 not be eligible for the therapy therefore leaving 15 patients for further review. The practice implemented tighter processes for coding and acting on flags. A second audit was carried out which identified a further 17 new patients eligible for the therapy who had joined the surgery since the initial audit. Appropriate actions were taken in line with NICE guideline.

Effective staffing

Staff had a wide range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were then required to attend a full corporate induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff were encouraged to complete regular training updates. The practice held a training matrix and carried out regular reviews of training needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at leadership and educational meetings. We saw that all nurses were allocated one hour every month to update their revalidation folder.
- There was a forward thinking learning culture at all levels of the practice, for example discussions with staff demonstrated that they were supported and encouraged to attend external and internal learning and training events. The practice invited guest speakers to their monthly educational meetings do present various clinical and non-clinical topics. We saw that the learning needs of staff were identified through a system of



Are services effective?

(for example, treatment is effective)

appraisals, meetings and reviews of practice development needs. Staff we spoke to told us that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- We saw that registrars (trainee doctors) were meeting with GPs following the morning surgery to receive advice and discuss any problems. The advanced nurse practitioner mentors student nurses from Wolverhampton University, for this role she received the mentor of the year award. We saw that the practice had appointed two of their student nurses as a general practice nurse.
- The practice worked in collaboration with a local university to provide a high level of education and training to increase appointments; timely interventions and better access to healthcare. For example the practice employed two clinical healthcare support apprentices to carry out new patient health checks and over 75 checks. We were told that this created additional appointments, reduced waiting times and allowed the practice nurse to focus on procedures which require a registration such as childhood immunisations, Cytology and Long Term Conditions Management.
- We were told that the PPG are involved in the registrars and student nurse induction plan for example they provided talks on topics such as an overview of services from the eyes of patients.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. In addition to in-house learning events staff had access and made use of e-learning training modules.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- There were robust systems in place to ensure that relevant information was shared with other services in a timely way, for example when referring patients to other services.

During our conversations with staff we saw that they were committed to working together and collaboratively with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw that the practice held dedicated unplanned admission meetings monthly to discuss areas such as a review of care home admissions and patients due for their care plan review.

We were told that the practice looked after patients in the local care home; we saw evidence of joint working with the community nurses. The practice also attends multidisciplinary meetings with the palliative care team, district nurses and care coordinators. Data provided by the practice indicated that 100% of patients on their palliative care list had care plans in place and 100% received a medication review within the last 12 months. We were told that between 2015-16 (22%) of patients on the practice Palliative Care Gold Standards Framework register died; of these expected deaths 78% died in their preferred place as indicated on their palliative care plan.

In addition to the palliative care traffic light coding system patients with Chronic Obstructive Pulmonary Disease (COPD) were also flagged with these alerts and discussed during multi-disciplinary meetings.

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.



Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

There were 26 patients on the practices learning disability register. The practice shared a report which highlighted that 85% of the practices patients with a learning disability had a care plan in place, these patients were also regularly reviewed.

There were 50 patients on the practices register for dementia, five declined a care plan, of the remaining 45 patients 73% had care plans in place. There were 33 patients on the mental health register, two declined a care plan, of the remaining 31 patients 77% had a care plan in place and all these patients were regularly reviewed.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation, alcohol and illicit substance recovery. The practice also held a stall at the yearly canal festival and distributed leaflets signposting people to the relevant service and issued new patient registration forms to 'Liveboards' (people living aboard canal boats). As a result the practice now looks after patients registered at the local canal boat centre.
- The practice had a monthly campaign schedule, for example each month the practice displayed different posters and leaflets within the reception area. We saw that the practice had a designated lead who took responsibility of this role and campaigns were discussed during monthly nursing team meetings.
- A dietician was available on the premises and smoking cessation advice was available in-house and also from a local support group.

The practice's uptake for the cervical screening programme was 90%, which was above to the CCG average of 81% and

national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. For example although the practice had a low number of non-English speaking patients they had access to information in different languages and information suitable for those with a learning disability, they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data from 2014/15 National Cancer Intelligence Network showed:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 78%, compared to CCG average of 73% and national average of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 65% compared to CCG average of 53% and national average of 58%
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 61%, compared to CCG average of 50% and national average of 55%.

We saw that the practice were proactively engaging with Sandwell and West Birmingham Hospital Trust. For example the hospital provided a list of patients who had received two breast screening appointments however had not attended. We saw a plan to target these patients, for example the local health centre allocated appointment slots for the practice to utilise. We were also told that the locality manager ran searches of eligible patients and sent out messages inviting them in.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 96% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and



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

checks were made, where abnormalities or risk factors were identified. However data provided by the practice showed a low uptake of health checks, for example out of 827 patients aged 40–74; 20% have had their health checks.

When asked the nursing team told us that they were aware of the slow uptake however sending invitation letters and opportunistically carrying out checks in an attempt to increase the numbers.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Ten days prior to the inspection we provided the practice with 50 patient Care Quality Commission comment cards. Patients completed 28 CQC comment cards; there was a consistent positive opinion of the staff and service experienced. For example patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also felt that staff went beyond their expectation and the medical team provides a service of complete satisfaction.

We also spoke with six patients on the day of our inspection. 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 and helpful.

We spoke with members of the patient participation group (PPG) which had been in place since 2011. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Some patients we spoke to on the day told us that appointments would run late occasionally however they appreciated that this was a knock on effect due to the level of support provided during consultation. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:



Are services caring?

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Although the practice identified that they did not have many non-English speaking patients staff told us that translation services were available upon request for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer and the new patient registration form prompted the identification of carers the practice held a list of 29 patients, 0.75% of the practice list. Data provided by the practice showed that they had more younger patients, for example 8 % of patients were aged 0-4 compared to national average of 6% and 13% were aged 5-14 compared to national average of 11%. The practice had a very informative carer's corner within the reception area which directed carers to the various avenues of support available to them and we were told that patients were referred to Walsall carers group.

We were told that the practice reviewed an online report which identified the borough which the practice is located in as among the worst dementia diagnosis rate in England. As a result they used their annual awareness days to raise awareness of the range of services provided by the practice and within the borough. The practice also discussed palliative care during the day in order to increase public confidence following less favourable publicity regarding a particular care pathway.

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 patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



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. For example:

- The practice offered pre-bookable routine appointments for patients who find it difficult to attend during normal working hours on Mondays, Wednesdays, Thursdays and Fridays from 7:30am to 8:00am; however staff told us that this was only being offered by the practice nurse.
- There were longer appointments available for patients with a learning disability. The practice also offered this patient group the option of being reviewed in their home. We were told that the GPs would perform capacity assessments when necessary.
- The practice offered a shared care opiate replacement clinic and an alcohol addiction counselling clinic facilitated by external outreach workers. The practice held a list of patients accessing these services, data provided by the practice showed that 100% had care plans in place, received a medication review and a face to face review in the last 12 months.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also had a robust system for managing care home visit requests.
- Same day appointments were available for children and those patients with medical problems that require same day consultation and we saw that the practice offered three on line appointments per GP session daily.
- The practice offers care to travellers who are residing on the local park.
- Patients were able to access travel advice and receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services were available upon request.
- The practice engaged with their PPG to explore ways of engaging patients with complex needs, for example those living with dementia. As a result the practice held yearly awareness days where they invited a wide range of organisations such as pathways four life (a dementia support worker service for hard to reach groups). We

saw that the practice signposted identified patients to a monthly dementia café and was working closely advisors and hard to reach support workers. We saw that a previous Awareness Day was about end of life care, we were told that this created much interest amongst patients and their carers. The event was attended by the hospice Palliative Care Consultant and the local Macmillan Nurse. The event was very well attended and did much to raise awareness of end of life issues in the local community. This was confirmed during our patient interviews, for example some patients we spoke to on the day of the inspection told us that the practice held very good awareness events.

- The practice received feedback from their PPG and responded to difficulties in patients accessing the nearest hospital which was two bus rides away and decided to bring more services closer to the patient's home. For example to bring more services closer to the patients home the practice carried out Anticoagulation clinics (a blood test which tells clinicians how long Warfarin blood thinning medication is delaying the blood from clotting) and did ultrasound and advanced dressings including compression dressings. Staff we spoke to told us that the practice has high home visit rates including routine revisits, however they believed this was the best way to provide effective care for their oldest and frailest patients.

The practice holds annual awareness days, each year they would have a specific theme. For example we were told one year was dedicated to end of life care which was attended by the hospice Palliative Care Consultant and the local Macmillan Nurse. We were told the event created much interest amongst patients and their carers and did much to raise awareness of end of life issues in the local community. This was confirmed by some of the patients we spoke to on the day who stated that the practice held very good awareness events. We were also told that the practice upcoming awareness day would be attended by a range of services such as Diabetes UK, Walsall Health Trainers and Lifestyle Services, Pathways four Life and St Giles Hospice.

Access to the service

The practice is open between 7:30am to 6:30pm Monday, Wednesday and Friday, 8:00am to 6:30pm Tuesdays and 7:30am to 1pm Thursdays. Appointments were from 8:30am to 11:30am and 3:40pm to 6pm Mondays, Tuesdays, Wednesdays and Fridays; Thursday



Are services responsive to people's needs?

(for example, to feedback?)

appointments were from 8:30am to 11:30am and the practice closed at 1pm. Extended consulting hours are offered by the nurse only on Mondays, Wednesdays, Thursdays and Fridays from 7:30am to 8am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example we were told that the practice carried out a significant event analysis during their leadership and management meeting. As a result we saw that a well embedded emergency telephone handling protocol flow chart which the reception team followed when handling home visit requests had been implemented. Requests were flagged according to priority, for example we saw that priority one was seen as urgent which required a call to the emergency services, priority two assessed within 20 minutes and priority three logged as non-urgent. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit,

alternative emergency care arrangements were made. When asked clinical and non-clinical staff were able to clearly demonstrate their responsibilities when managing requests for home visits.

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 in the practice.
- We saw that information was available to help patients understand the complaints system, for example we saw posters displayed in the reception area and the practice had a complaints leaflet which was located on the reception desk and also copies were placed in the new patient registration pack.

We looked at five complaints received in the last 12 months and found the practice carried out thorough reviews, we saw that these complaints were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt at all levels of the practice from individual concerns and complaints. We saw that the practice carried out in-depth analysis of trends and actions was taken as a result to improve the quality of care. For example, there were clear evidence that the practice followed practice procedures and recognised guidelines in all five complaints; however we saw that the practice used this opportunity to further upskill staff. We saw evidence of action points which included reflection on how clinical staff can better defuse situations and a review of the practice website, making the statement regarding confidentiality more prominent. We saw that all complaints were discussed during the practices education and governance 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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy, supporting business plans and an apprentice strategy which reflected the vision and values. We saw that these were regularly monitored and discussed during governance meetings.
- Management were enthusiastic about upskilling and empowering staff members. There was a large emphasis on education and continuous learning; this outlook was also incorporated in the practice future vision. For example we were told that the practice would like to extend their engagement with the university in order to support nursing student's studying the General Practice Nursing Fundamental degree and continue to attract junior GPs towards a career in general practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The framework drove systematic approaches towards processes and mechanisms' to improve and maintain the highest quality of care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff we spoke to demonstrated a clear awareness of their own roles and responsibilities.
- 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, medicines management and significant events. The information staff collected was then collated by the practice manager to support the practice to carry out service improvements. We saw a robust database used to record information which was then discussed during monthly leadership and educational meetings.

- Practice specific policies were implemented, regularly reviewed and were available to all staff. Protocols were well organised, available as hard copies and also electronically via the practice intranet. The practice held regular meetings where they discussed a range of standing agenda items such as governance updates.
- A comprehensive understanding of the performance of the practice was maintained and monitored.
- The practice had a rigorous programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. Results were circulated and discussed in the practice, we saw that they were proactive when responding to findings and implementing new systems to improve the quality of care provided to patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example there were well established systems for recording significant events, with a strong learning culture which was shared across all levels of the practice.

Leadership and culture

On the day of inspection the management team and GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers and GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had robust systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Outstanding



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

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

- Staff told us the practice held regular meetings such as practice meetings, leadership & management meetings, educational meetings and nurse meetings. We saw that meeting minutes were available to all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff was involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example we saw a PPG action plan which included comments from the patient survey and actions taken by the practice. Actions we saw involved dedicating a area on the reception area notice board for online services, increasing promotion of the electronic prescription service and adding out of hours arrangement details to the reception TV presentation. We also saw that the practice worked with their PPG to convince NHS Walsall to provide the practice with an in-house physiotherapist, they were successful in this request and as a result the practice were able to offer weekly access to a physiotherapist.
- We noticed a suggestions box in the waiting room for patients to make suggestions if they wished to. This was an idea put forward by the PPG. The practice and PPG

regularly reviewed these suggestions. An improvement led by the PPG as a result of a patient's suggestion included a telephone system for staff to name themselves when receiving phone calls.

- The PPG used different methods to promote the group. We saw a PPG notice board in the practice corridor, notices on news boards and also a quarterly PPG newsletter. The newsletter was circulated to patients and carers through patient correspondence, new patient packs, on display in the waiting room and also electronically on the practices PPG webpage.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice reduced the risk of incorrect patients being booked into appointments by implementing a new process which reception staff followed when booking patients into GP consultations. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking for example we saw that the practice was very enthusiastic about further developing their apprentice project. We were told that the practice manager presented the project during Walsall CCG planning meeting, this triggered further interest and a follow up meeting with Walsall CCG to discuss the project in further detail.

During the inspection we were told that the practice was in the final stages of planning their annual Awareness Day. We saw that a range of representatives from local and national organisations' including Diabetes UK, Walsall Health Trainers and Lifestyle Services, Pathways4Life and St Giles Hospice were invited. We were told that the local screening services would be present to talk about breast, bowel, cervical and aneurysm screening. During the event the practice made plans to hold a Macmillan Coffee Morning.

The practice had a strong culture of continued professional development and was keen to encourage younger people to take up a career in general practice. For example we were told that the practice manager had been a key note speaker at seminar events 'Developing the Primary Care

Are services well-led?

Outstanding



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

Workforce' and was working alongside the National Skills Academy and Heath Education West Midlands to promote

the apprenticeship strategy across the region. We saw that the practice helped young professionals gain employment and training in a health and social care environment by employing two clinical healthcare support apprentices.