

Drs Holtby & Martin

Quality Report

110 Coppice Road
Leamington Spa
Warwickshire CV31 2LT
Tel: 01926 316711
Website: www.whitnashmc.nhs.uk

Date of inspection visit: 27 September 2016
Date of publication: 14/12/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Drs Holtby & Martin	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Holtby & Martin (also known locally as Whitnash Medical Centre) on 27 September 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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 was an effective system in place for reporting and recording significant events.
- Lessons were discussed and shared within the practice and with other agencies to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, clear 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.

Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were in line with regional and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data from the National GP Patient Survey published during July 2016 showed patients rated the practice higher than others for almost all aspects of care. For example:

Good



Summary of findings

- 96% of patients said the last GP they saw or spoke to was good at giving them enough time compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 91% and the national average of 86%.
- Feedback from patients about their care and treatment was consistently positive.
- We observed a strong patient-centred culture:
 - Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example nursing staff had attended the practice on their days off to see patients they were concerned about when the patients could only visit on those days.
 - Information for patients about the services available was easy to understand, was accessible and was distributed in a variety of ways. For example the practice had for many years provided a regular article in the local community newspaper to promote the services available at the practice and to support health awareness.
 - We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

One of the PPG members with knowledge of dementia had, with the practice's support, run a dementia education evening at the practice to provide an insight into the condition. This event was promoted in the community magazine and staff and patients told us it had been a real success.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice offered extended hours clinics at evenings and weekends for patients who could not attend during normal opening hours, and extended appointments were available for those needing them.
- 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.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was discussed and shared with staff and other stakeholders.

Are services well-led?

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

- The practice had clear values and a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the values and strategy and their responsibilities in relation to them.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had 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 an established Patient Participation Group (PPG).
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- 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, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a local over 75s project offering different levels of reviews working in collaboration with Age UK. The practice offered health checks to all patients aged over 75 in the last 12 months and over 80% of the patients in this age group received these.
- The practice directed older people to appropriate support services.
- All patients aged over 75 had a named GP.

Good



People with long term conditions

The practice is rated as good 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.
- Chronic disease reviews were carried out by nursing staff at the practice or patients' homes.
- 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.
- The named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care for patients with complex needs.

Good



Families, children and young people

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

Good



Summary of findings

- 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 accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- GPs performed child health surveillance and post-natal checks and a midwife attended the practice weekly to see patients.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Performance for cervical screening indicators was in line with Clinical Commissioning Group (CCG) and national averages. For example the percentage of women aged 25-64 who attended for a cervical screening test in the last five years was 84% compared with CCG and national averages of 83% and 82% respectively.
- Appointments were available outside of school hours and the premises and facilities were suitable for children and babies.
- We saw positive examples of engagement and joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Appointments were offered to accommodate those unable to attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice had up-to-date registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice had traveller families registered as patients and offered to register their postal address at the surgery to help them to access hospital care. Practice staff tried to ensure they had current mobile telephone numbers for these patients.
- The practice had 21 patients registered as having a learning disability and had completed health checks for all of these patients in the last 12 months. The practice offered longer appointments for patients with a learning disability.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers, which represented 1% of the total practice population.
- Carers were identified and supported as part of the annual reviews provided for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- One of the PPG members with knowledge of dementia had, with the practice's support, run a dementia education evening at the practice to provide an insight into the condition. This event was promoted in the community magazine and staff and patients told us it had been a real success.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was in line with the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 93% and 88% respectively.
- The practice had carried out health checks for all patients registered as having a mental health condition in the last 12 months (42 patients).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the PPG members with knowledge of dementia had, with the practice's support, run a dementia education evening at the practice to provide an insight into the condition.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. 232 survey forms were distributed and 105 were returned. This represented a 45% response rate and 2% of the practice's patient list.

The results showed the practice was performing significantly better than local and national averages in some areas. For example:

- 96% of patients said the last GP they saw or spoke to was good at giving them enough time compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 87%.
- 96% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 91% and the national average of 86%.
- 95% of patients described their overall experience of this surgery as good compared with the CCG average of 90% and the national average of 85%.

The practice's performance was similar to local and national averages in some areas. For example:

- 76% of patients said they found it easy to get through to the practice by telephone compared with the CCG average of 78% and the national average of 73%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.

The practice scored lower than local and national averages in one area:

- 49% of patients said they usually got to see or speak to their preferred GP compared with the CCG average of 67% and the national average of 59%.

The practice was aware of this result and had plans in place to identify why this was the case.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to the inspection date. We reviewed 37 comment cards and 33 of these were positive about the standard of care received. Patients said they felt the practice offered a high quality service and staff were caring, knowledgeable and gave them plenty of time to discuss their wellbeing and concerns.

15 comment cards were particularly complimentary about the standard of care received. Patients used terms including the best GPs you could think of, extremely caring, fantastic, exceptional, and faultless to describe their experiences and the care provided for their families. Many of these cards made reference to how staff went out of their way and went the extra mile to help, and how the practice would always accommodate their needs.

Three comment cards were positive about the service overall but highlighted difficulties in getting appointments when these were required. One comment card was negative and stated that the waiting time was too long on one occasion.

We spoke with six patients during the inspection. All six patients said they were fully satisfied with the care they received and thought staff were committed and caring. All six patients said that practice staff would always help and support them and would give them extra time to discuss their concerns if needed. Patients told us the practice was highly respected in the local community because of the quality of care provided and engagement in community initiatives including charity events.

Drs Holtby & Martin

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 advisor and a Practice Manager specialist advisor.

Background to Drs Holtby & Martin

Drs Holtby & Martin (also known locally as Whitnash Medical Centre) is a purpose built premises located in Whitnash close to Leamington Spa within the NHS South Warwickshire Clinical Commissioning Group (CCG). The practice is served by the local bus network with a bus stop directly outside the practice. There is accessible parking immediately outside. The practice and facilities are fully accessible to wheelchair users.

The practice provides primary medical services to approximately 5,700 patients in the local area. The patient group is mostly white British with a significant Asian and Asian British population.

The clinical staff team consists of two female and one male GP partners, a female salaried GP and two practice nurses. There are three staff who combine health care assistant, phlebotomy and receptionist roles.

Drs Holtby & Martin is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently two GP trainees working at the practice. The practice also offers placements to medical students from Warwick Medical School

The clinical team is supported by a practice manager, a practice manager's assistant, a business manager, and six administrative/reception staff (in addition to the three above). There is also an apprentice working in collaboration with Warwickshire College and two cleaners employed by the practice.

The practice and telephone lines are open from 8.30am to 6pm on weekdays, and offers extended hours clinics on Thursday evenings (from 6.30pm to 7.30pm) and alternate Saturday mornings (from 8am to 10am).

When the practice is closed between 8am and 8.30am and 6pm and 6.30pm on weekdays services are provided by the West Midlands Ambulance Service who will contact one of the practice GPs (who acts in a duty doctor capacity during these times) if required. Patients are directed to this number by the practice website, information leaflets and a recorded message on the practice telephone system.

Further out of hours services are provided by the NHS 111 service.

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.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the NHS South Warwickshire Clinical Commissioning Group (CCG). We carried out an announced inspection on 27 September 2016. During our inspection we:

- Spoke with a range of managerial, clinical and non-clinical staff and spoke with patients who used the service;
- Observed how patients were being cared for and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed a total of 37 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 an effective system in place for reporting and recording significant events.

- There was a dedicated significant event form available to all staff on the practice's computer system. This form included areas for staff to document areas of concern, actions completed, planned actions, discussion and learning points, and communication required with other agencies (such as the police and health agencies). The form also included a risk assessment tool where staff following discussion were required to make a judgement concerning severity and likelihood of reoccurrence.
- The 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).
- Staff told us they would inform the practice manager and GPs of any incidents and we saw examples where incidents were discussed with learning outcomes shared. The practice manager had oversight of all incidents and had reviewed them.
- We saw evidence of analysis of trends that had been shared and discussed with staff in meetings. We saw that the practice had held dedicated significant event meetings every three months and we also saw evidence of concerns being discussed in team meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. We saw that medicines alerts were sent to staff on their arrival, and we saw evidence that patient and medicines searches were carried out with appropriate actions taken.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, one of the nurses had completed their own audit into cervical smears conducted at the practice and had shared findings with other staff including recommendations for the administrative processes involved.

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. This included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse and these arrangements reflected relevant legislation and local requirements. Relevant policies were in place which had been regularly reviewed and were accessible to all staff on the practice's computer system and in hard-copy form. The policies clearly set out whom to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received recent training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- Notices throughout the practice informed patients that chaperones were available if required. Staff told us they would tell patients about the availability of chaperones and explained this to them if needed. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice employed two cleaning staff and we saw evidence of appropriate policies, schedules and checks in place. The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be visibly clean and tidy. Patients told us they found the standards of cleanliness and hygiene at the practice to be of a high standard.
- One of the nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection

Are services safe?

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.

- The arrangements for managing medicines, including emergency medicine and vaccines in the practice kept patients safe. This included the appropriate obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local Clinical Commissioning Group (CCG) medicine management team and a community pharmacist to ensure prescribing was in line with safety best practice guidelines. Blank prescriptions were securely stored and there were systems in place to monitor and record their use. We saw that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were appropriately 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 current fire risk assessments and had carried out regular fire drills which had been recorded, the most recent having taken place in the last 12 months. We saw that all electrical and clinical equipment had been regularly checked to ensure it was safe to use, and had been tested during the last 12 months. The practice had a range of other

risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, waste storage and disposal, and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff had been appropriately trained to work across different areas to support each other when necessary.

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 the reception area, offices and 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 practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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, logged appropriately and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility companies. Copies of the plan were kept off-site.

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. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)
- The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance, standards and best practice were discussed at clinical, team and full practice meetings. Staff told us they were kept well informed in meetings, in discussions with colleagues and by email. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 94% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and national averages of 98% and 95% respectively.

The practice's current exception reporting figures were in line with CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.)

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 slightly lower than CCG and national averages. For example 88% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 10% compared with the CCG average of 14% and the national average of 18%. The practice was aware of these results and had targeted patients to increase these rates. Practice staff showed us their current figures which demonstrated an improvement in this area.
- Performance for mental health related indicators was similar to CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 93% and 88% respectively. The practice's exception reporting rate for this indicator was 14% compared with the CCG average of 11% and the national average of 13%.
- Performance for hypertension related indicators was similar to the CCG and national averages. The percentage of patients with hypertension whose blood pressure reading in the previous 12 months was under the recommended level was 87% compared with CCG and national averages of 86% and 84% respectively. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 3% and the national average of 4%.

We saw evidence that QOF performance was continually monitored. Where QOF targets were not met individual cases were reviewed by a GP and we saw evidence that some of these cases were discussed in meetings. The practice had a documented approach to QOF exception reporting which we saw was followed consistently.

We saw evidence of quality improvement including clinical audit.

- Practice staff showed us four examples of detailed audits which they had conducted in the last two years. Each of these were two-stage audits which had been documented appropriately. Findings had been shared within the practice team and with outside agencies for example the Clinical Commissioning Group (CCG).

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example the practice responded to findings of medicines reviews for patients with high levels of polypharmacy (using eight or more different medicines) by using this information to inform individual prescribing. This resulted in reduced medicines use for some patients. We saw that findings and outcomes were reported to the CCG.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training such as palliative care and diabetic care.
- 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, discussion at practice meetings and in regional networking sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff 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.
- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and face to face in-house training as well as external training events, seminars, forums and conferences.

Coordinating patient care and information sharing

Practice staff demonstrated to us that the information needed to plan and deliver care and treatment was available to them quickly and easily through the practice's clinical computer system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. We saw that the practice shared relevant information with other services in a timely way.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that meetings took place with other health care professionals on a regular basis, for example health visitors, school nurses and residential care staff. We saw that care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. This included carers, patients with a learning disability, those at risk of developing a long-term condition, and patients receiving end of life care. Patients were signposted to relevant services locally.

Are services effective?

(for example, treatment is effective)

- A range of advice including mental health, counselling, smoking cessation, health living (including diet and exercise) and bereavement was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 84%, which was in line with the CCG average of 83% and the national average of 82%. The practice offered telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. 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. We saw that one of the practice nurses had carried out audits into cervical screening and had shared findings with other clinical staff.

The practice had rates of breast and bowel cancer screening that were in line with CCG and national averages. For example, 79% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 76% and 72% respectively. 62% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 64% and 58% respectively.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and for five year olds from 94% to 98%. The CCG averages ranged from 97% to 99% for under two year olds and from 95% to 99% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, specific checks for vulnerable patients, and NHS health checks for patients aged 40–74 and over 75. For example:

- The practice had carried out health checks for all patients registered as having a learning disability in the last 12 months (21 patients).
- The practice had carried out health checks for all patients registered as having a mental health condition in the last 12 months (42 patients).
- The practice had carried out 646 NHS health checks for patients aged between 40 and 74 in the last five years, which represented 38% of the eligible population.

We saw that appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting 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. Staff told us that there were rooms available for this.
- The practice had added electronic notes to patient records if special access requirements were needed, for example appointments at times of the day when the waiting room was quieter or the need for a quiet room to wait in.
- Reception staff could identify sensitive issues and showed sensitivity to patients. We observed that reception staff were professional and put patients at ease.

We saw that 33 of the 37 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered a high quality service and staff were caring, knowledgeable and gave them plenty of time to discuss their wellbeing and concerns. Patients used terms including the best GPs you could think of, extremely caring, fantastic, exceptional, and faultless to describe their experiences and the care provided for their families. Many of these cards made reference to how staff went out of their way and went the extra mile to help, and how the practice would always accommodate their needs.

We spoke with six patients during the inspection, two of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. All six patients said they were fully satisfied with the care they received and thought

staff were committed and caring. Patients said that practice staff would always help and support them and would give them extra time to discuss their concerns if needed. Patients told us the practice was highly respected in the local community because of the quality of care provided and engagement in community initiatives including charity events.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice scored consistently highly and was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the last GP they saw or spoke to was good at giving them enough time compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 87%.
- 94% of patients said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 93% and the national average of 89%.
- 92% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 85%.
- 99% of patients said they had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 98% and the national average of 95%.
- 97% of patients said the last nurse they saw or spoke to was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG average of 91% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt consulted about and 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

Are services caring?

choice of treatment available to them. Patient feedback from the comment cards we received was also extremely positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above CCG and national averages. For example:

- 91% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 82%.
- 96% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 94% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Longer appointments were offered and encouraged for patients' benefit when practice staff thought this was needed. We saw that longer appointments had been provided for vulnerable patients and those with complex needs.
- Information leaflets were available in an easy read format and in different languages which reflected the local community.

Patient and carer support to cope emotionally with care and treatment

We saw examples where the practice had forged links and had engaged with the local community to help support patients, provide advice and guidance and deliver care. For example:

- The practice had contributed a regular article for many years in the local quarterly community magazine which promoted health and wellbeing and engagement with the practice.
- The practice had supported the local Heart Start initiative including hosting a community defibrillator on the exterior of the practice building.
- The practice had hosted charity events as part of regular flu clinics.
- One of the PPG members with knowledge of dementia had, with the practice's support, run a dementia education evening at the practice to provide an insight into the condition. This event was promoted in the community magazine and staff and patients told us it had been a real success.

We also saw many specific examples where the practice had supported patients to cope with care and treatment. For example:

- The practice had traveller families registered as patients and offered to register their postal address at the surgery to help them to access secondary care. Practice staff tried to ensure they had current mobile telephone numbers for these patients.
- We saw that practice staff had supported homeless patients (and those at risk of becoming homeless), including providing letters to help with housing and mental health support.
- The practice carried out annual dementia reviews which included providing support for carers.
- The practice had entered electronic notes on the patient record of an autistic child to provide guidance for appointment scheduling. This had resulted in appointment times when the child was able to be seen straight away and the reception and waiting areas were quieter.

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 local support groups was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (1% of the practice list). Written information was

Are services caring?

available to direct carers to the various avenues of support available to them. Patients who were carers told us that they were signposted to local support services. Carers were identified and supported as part of the annual reviews provided for patients with a learning disability.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the

practice team would send a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service.

Staff told us they sent out personal cards to bereaved families at the one year anniversary of a death of a patient. These cards offered continued support and remembered the deceased.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics at evenings and weekends for patients who could not attend during normal opening hours.
- There were extended appointments available for any patients needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty for them attending the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice was served by the local bus network with a bus stop directly outside the practice and there was accessible parking immediately outside.
- The practice and facilities were fully accessible to wheelchair users.

Access to the service

The practice and telephone lines were open from 8.30am to 6pm on weekdays, and offered extended hours clinics on Thursday evenings (from 6.30pm to 7.30pm) and alternate Saturday mornings (from 8am to 10am).

When the practice was closed between 8am and 8.30am and 6pm and 6.30pm on weekdays, services were provided by the West Midlands Ambulance Service who would contact one of the practice GPs (who acted in a duty doctor

capacity during these times) if required. Patients were directed to this number by the practice website, information leaflets and a recorded message on the practice telephone system.

Pre-bookable appointments could be booked up to six weeks in advance, and we saw that urgent appointments were available for people that needed them.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

- 93% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 91% and the national average of 85%.
- 76% of patients said they could get through easily to the practice by telephone compared with the CCG average of 78% and the national average of 73%.

All patients we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

Three of the 37 patient comment cards we reviewed were positive about the service overall but highlighted occasional difficulties in getting appointments when these were required. One comment card was negative and stated that the waiting time was too long on one occasion.

The practice had a process in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details and discuss with a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need. We saw that clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits

We saw that alternative emergency care arrangements were made 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.

Listening and learning from concerns and complaints

We saw that the practice had an effective system in place for handling complaints and concerns.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- A dedicated complaints and comments form was available to patients in the reception area.

We looked at the two complaints received by the practice in the last 12 months and found that both of these were handled in a satisfactory and timely way. Complainants

were responded to in each case and apologies had been given appropriately. Practice staff had documented learning points and actions and we saw that these had been discussed in staff meetings.

Patients told us that they knew how to make complaints or provide comments if they wished to do so, including positive feedback.

We saw evidence that lessons were learnt from individual complaints and feedback, and also from analysis of trends. We saw evidence that action was taken as a result to improve the quality of care and service. For example, the practice had installed an electronic screen in the reception area for self-check-in and provision of information and guidance.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear ethos and values to deliver high quality, compassionate and safe care and to engage with its patients and the local community.

- The practice had a statement of values and staff knew and understood these.
- The practice had a robust strategy and supporting business plans which reflected the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own and others' roles and responsibilities.
- Practice-specific policies were in place, were regularly reviewed and were easily accessible to all staff in hard copy and electronic form. Staff demonstrated they were aware of their content and where to access them.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were strong arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had systems for ensuring that oversight and monitoring of all staff training was in place.
- The practice had systems for ensuring that oversight and monitoring of the full range of risk assessments and risk management was available in one place.

Leadership and culture

On the day of inspection the GPs and practice manager demonstrated they had the experience, capacity and

capability to run the practice and in doing so deliver high quality care. Staff told us the GPs and practice manager were approachable and always took the time to listen to and involve 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 training and support for all staff on communicating with patients about notifiable safety incidents.

We saw a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff told us that they felt supported and involved by management.

- Staff told us the practice held regular meetings which included weekly GP meetings, weekly nurse meetings, GP and nurse support meetings every six weeks, and reception team meetings every other month.
- 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 by the partners in the practice and the Practice Manager. Staff were involved in discussions about how to run and develop the practice, and the partners 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The group had met regularly, and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced online booking and prescriptions ordering following feedback gathered and submitted by the PPG.
- 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. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.
- The practice had introduced improvements as a result of staff input. For example nurses had suggested that they were allocated protected learning time and this had been put in place. Nurses had requested dedicated nurse and GP liaison meetings and these had been set up to take place every six weeks.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes, for example hosting an open evening for young people interested in careers in health care. The practice had a comprehensive training schedule for staff which included for example effective communication skills and information governance.