

Mossley Fields Surgery

Quality Report

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Date of inspection visit: 9 January 2017

Date of publication: 24/03/2017

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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	15
Outstanding practice	15

Detailed findings from this inspection

Our inspection team	17
Background to Mossley Fields Surgery	17
Why we carried out this inspection	17
How we carried out this inspection	17
Detailed findings	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mossley Fields Surgery on 9 January 2017. Overall the practice is rated as outstanding.

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

- The practice had an open and blame-free culture with regard to the identification and notification of any significant events and incidents. A thorough analysis of significant events was carried out and these were discussed at monthly practice and educational meetings.
- The practice used innovative and proactive methods to improve patient outcomes and proactively worked with other local providers. For example, the practice organised a health and wellbeing awareness raising event for patients which was attended by a range of local support organisations such as carers' and dementia groups. In addition staff had worked in collaboration with the local fire and rescue service to

promote "Safe and Well" checks. These checks aimed to assess fire risks in patients' homes and to provide health and wellbeing information to the elderly and vulnerable.

- There was a comprehensive programme of audits, and a good understanding of performance and continuous improvement was evident. Findings and associated learning from audits were disseminated to staff.
- Feedback from patients about their care was consistently positive and above local and national averages. Patients we spoke with said that they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- The practice provided shared care services and clinics which would normally be delivered in secondary care settings such as hospitals. This allowed patients to receive care closer to their homes and reduced the burden on secondary care services.

Summary of findings

- The practice implemented suggestions for improvements and had made changes to the way it delivered services as a consequence of feedback from patients and from the patient reference group (PRG).
- The practice had a vision which had quality and safety as a priority and there was a clear strategic approach to deliver this vision.
- The practice had a culture of teaching and training which was promoted. This ensured patient care was provided by staff who were knowledgeable and skilled.

We saw areas of outstanding practice at the surgery which included the delivery of a high number of responsive local health and wellbeing services and initiatives:

- The practice was responsive to the needs of vulnerable groups and delivered interventions or redesigned operating procedures to actively meet these needs. This included the delivery of shared care services, interaction with traveller families to promote child immunisations and vaccinations and the delivery of services to homeless people.
- The practice recognised the importance of health promotion to raise community health and delivered a range of activities to support this work. This included:

- Holding a community health and wellbeing awareness raising event.
- The utilisation of social media to promote health messages and to improve communication between the surgery and patients.
- Active support and promotion of other campaigns and messages on behalf of other organisations such as “Safe and Well” checks delivered by the local fire and rescue service.
- Patients were actively encouraged to participate in the Expert Patient Programme (which offered patients access to learning which supported them to build their confidence, skills and knowledge to more effectively manage their own chronic health conditions such as asthma, diabetes). Over the past 18 months the practice had written to 439 patients to promote the programme (over 15% of the patient list) and to invite them to participate.
- Clinical pharmacists and nurses delivered a minor ailments clinic. This freed GPs to deal with patients with more complex needs as well as increasing capacity and accessibility.

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.

Good



- The practice had an open and blame-free culture with regard to the identification and notification of any significant events and incidents. A thorough analysis of the significant events was carried out.
- Lessons concerning incidents, complaints and alerts were shared and action taken to improve safety in the practice. For example, these events were fully discussed at practice management meetings and at regular educational meetings. We saw that minutes of these meetings were clear and comprehensive.
- 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. For example, standards in relation to infection prevention and control were high and the last audit carried out in December 2015 showed an overall compliance score of 98%. We were told by the practice that a further audit was booked for March 2017.
- Risks to patients were assessed and well managed. Both child and adult safeguarding procedures were in place. The practice was working with local health visitors to develop a formal policy dealing with families who failed to attend key child immunisation appointments.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. We saw that the practice actively used data to identify areas for improvement. For example, they had identified bowel cancer screening rates as requiring improvement and had undertaken a campaign to raise awareness and participation amongst patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- We saw evidence that clinical audits demonstrated quality improvement. Findings of audits were widely discussed at practice management meetings and educational meetings.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice employed the services of two clinical pharmacists, who with nursing staff, delivered minor ailment clinics and freed GPs to deal with patients with more complex needs as well as carrying out reviews and changes to patient medication.
- Patients were actively encouraged to participate in the Expert Patient Programme (which offered patients access to learning that supported them to build their confidence, skills and knowledge to more effectively manage their own chronic health conditions such as asthma, diabetes).
- The practice encouraged staff development and actively supported apprenticeship opportunities. We saw that annual appraisals were being held and were used to identify training needs and career development opportunities.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example:
 - 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 92%.
 - 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
 - 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
 - 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.
- Data from the NHS Friends and Family Test collected for December 2016 showed that all of the 28 patients who had responded would be extremely likely to recommend the practice to family and near friends.

Good



Summary of findings

- We saw during the inspection that staff treated patients with dignity and compassion and this was confirmed when we spoke with patients.
- The practice worked actively with external partners and agencies to improve local health and wellbeing. For example:
 - The practice organised a health and wellbeing awareness raising event for patients which were attended by carers and dementia support groups.
 - Patients with identified needs were signposted to external agencies such as foodbanks for support.
- Patients were sent text reminders when appointments were due. In addition patients with memory issues were called personally by staff to remind them of appointments.
- A number of information leaflets were available in easy read format and the surgery display noticeboards were well laid out and easy to understand.

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, they delivered a shared care service for patients with substance misuse issues which allowed them to obtain medication and monitoring services via the surgery. The practice also hosted a monthly substance misuse outreach clinic.
- There were innovative approaches to providing integrated patient-centred care. For, example, the practice employed clinical pharmacists within the surgery who carried out reviews and changes to medication, and also delivered a minor ailments clinic.
- The practice hosted additional services within the surgery which included:
 - A weekly diabetic clinic delivered by a diabetic specialist nurse. This clinic reviewed diabetic patients with more complex needs. Nine appointments were available per week.
 - A weekly clinic delivered by the community mental health nurse and on average around four to six patients were reviewed per week.
 - An ultrasound clinic which could be attended by patients from Mossley Fields Surgery and patients from other practices.

Outstanding



Summary of findings

- The needs of specific groups were recognised such as those with learning disabilities, the homeless and traveller families. The practice adapted processes and working procedures to better meet the needs of these groups and individuals. For example,
- 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 reference group.
- The practice held a community engagement event over a weekend in October 2016 which was attended by over 50 people. A range of health, wellbeing and lifestyle services attended the event which included the fire and rescue service, an employment organisation, a carers group and cancer awareness and screening services. In addition to this the practice undertook health checks for attendees which included blood pressure and height and weight checks.
- The practice made effective use of technology to communicate with patients. For example, patients could book appointments, request prescriptions and access medical records online. In addition the practice made extensive use of social media to cascade information and involve patients in health and wellbeing improvement.
- Patients could access appointments and services in a way and at a time that suited them. For example, there were early morning appointments available to patients four days a week.
- The practice premises was newly built, had good facilities and was well equipped to treat patients and meet their specific needs. The needs of vulnerable groups such as those with dementia had been identified and incorporated into the structure and fabric of the surgery building, for example toilets had been fitted with colour contrasting seats.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff at regular practice meetings and educational meetings.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This vision was encompassed within the practice's "Patient Promise" which highlighted the ethos of the practice to deliver good individual care.

Outstanding



Summary of findings

- The practice had a comprehensive understanding of local population needs and performance and this was supported by the effective use of intelligence such as QOF reporting, and the use of the primary care web tool. A programme of continuous clinical and internal audit was also used to monitor quality and to support continuous improvement. Audit findings and associated actions were regularly discussed at monthly practice meetings and educational meetings.
- High standards were promoted and owned by all practice staff, and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- There was a positive and proactive approach to training and development evident at all levels within the surgery.
- There was evidence that staff embraced innovation and new ways of working. For example, the practice had employed clinical pharmacists to deliver services within the surgery which would normally have been delivered by GPs, and used social media to improve communication and build relationships with patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older patients had a named GP and those on long term medication received a regular assessment and review.
- The practice provided or hosted a number of services which could benefit older patients; these included an anticoagulation clinic (anticoagulants are used to prevent the formation of blood clots in the blood vessels and their migration elsewhere in the body), ultrasound scanning and advanced dressings. In addition staff worked closely with the local integrated care team to treat patients with conditions which could be safely managed in the community such as cellulitis and deep vein thrombosis (a blood clot that develops within a deep vein in the body).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff from the surgery worked in collaboration with the local fire and rescue service to promote “Safe and Well” checks. These checks aimed to assess fire risks in patients’ homes and to provide health and wellbeing information to the elderly and vulnerable.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. It had recognised that it had a higher rate of patients diagnosed with certain chronic conditions and put in place services to meet this demand. The practice supported and reviewed patients for conditions which included coronary heart disease, chronic obstructive pulmonary disease (COPD) and asthma and diabetes. At the time of inspection of the 293 patients on the asthma register 77% had received an annual review and of the 125 patients on the COPD register 81% had received an annual review. The practice felt that they would be on track to complete these reviews by the end of 2016/2017. Where possible patients with multiple conditions were

Outstanding



Summary of findings

reviewed at one time. This reduced the need for patients to make repeated visits to the surgery. One of the practice nurses had received specialist training and was able to deliver spirometry services (spirometry is testing that can help diagnose various lung conditions, most commonly COPD).

- The practice actively worked with other healthcare services to provide care for patients with long term conditions. For example, they hosted a dedicated diabetes clinic staffed by a diabetes specialist nurse for patients with more complex needs.
- Performance for diabetes related indicators was generally either comparable to or above local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 94% compared to a CCG average of 90% and a national average of 89%.
- The practice attended multidisciplinary team meetings with partners such as palliative care nurses, district nurses and the community matron on a quarterly basis where they discussed individual patients. This facilitated the provision of joined up care and enabled all parties to be kept up to date with the care needs of the patient.
- Staff encouraged patients to engage with and participate in the Expert Patients Programme (a self-management programme for people living with long term conditions. The programme supports patients by increasing their knowledge and confidence, improving quality of life and helping them to manage their condition more effectively). Over the past 18 months the surgery had contacted 439 patients to inform them of the programme and received a 4% response rate.
- Longer appointments and home visits were available for patients when these were required.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice also had systems in place for identifying and following up children who fail to attend hospital appointments to detect any safeguarding concerns. Practice staff met on a quarterly basis with other health professionals to discuss safeguarding issues.
- Childhood immunisation rates were above the 90% national expected range for vaccinations. For example, childhood

Outstanding



Summary of findings

immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100%. For five year olds vaccination rates ranged from 93% to 96%. The practice was working with local health visitors to develop a formal policy in dealing with families who did not attend child immunisation appointments.

- The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG and national averages of 81%.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals
- Over 50% of appointments were available outside of school hours and in addition to this the practice had introduced urgent child appointments to ensure early and timely access for children whose health might deteriorate suddenly. The practice premises was modern, light, warm and suitable for children and babies.
- A full range of family planning services were provided from the surgery, these included, free condoms for young people on request, and the fitting of contraceptive implants and intrauterine devices (an intrauterine device or IUD is a small birth control device that is inserted into a woman's uterus to prevent pregnancy).

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. For example, the practice offered early morning appointments from 7.30am on four mornings a week. Patients who could not attend the practice could access telephone consultations.
- The practice was proactive in offering online services and patients could book and cancel appointments, order repeat medication and access medical records online. Over 10% of the practice patient list had signed up to access online services.
- The practice utilised social media to improve health and wellbeing. For example, to deliver health promotion advice to patients with regard to smoking cessation and dementia. In

Outstanding



Summary of findings

In addition to this, patients were sent text message reminders for appointments and were able to cancel appointments via text messages. The practice also used text messages to deliver key messages such as health advice during hot weather.

- A health and wellbeing awareness event had recently been held which included input from a local recruitment agency who provided information to patients seeking work.
- Patients could access a full range of health promotion and screening that reflects the needs for this age group.
- The practice had recognised that bowel cancer screening rates were below the national average and undertook a campaign to raise awareness and participation in the screening programme. This activity involved writing to and personally calling patients. At the end of this exercise the practice had contacted 94% of all eligible patients.

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances including travellers, those with a learning disability, carers, patients with dementia and mental health problems and children on the child protection register. There were alerts on patients electronic records to identify patients who had been subject to domestic abuse. This ensured staff were aware of the specific needs of these patients and could target and manage services such as health checks and reviews. Where possible patients with a learning disability had reviews carried out in their own home environment to minimise disruption and patient distress.
- At the time of inspection 34 patients were recorded on the learning disability register and 74% of these patients had had a learning disability review completed in the previous nine months. Additionally staff worked closely with the local cancer screening outreach nurse to offer breast and cervical screening for patients with a learning disability patients. They had supported the outreach nurse to deliver services to these patients in their own home environment.
- The practice offered longer appointments for patients when this was required such as for those with language needs or patients with complex conditions.

Outstanding



Summary of findings

- To help reduce the challenges that homeless people faced when registering with a GP due to having no fixed address, the practice registered patients who were homeless against the address of a local hostel to ensure they had access to health care services.
- The practice delivered an avoiding unplanned admissions service for patients who had complex needs and were at risk of an unplanned hospital admission. This involved advanced care planning and close working with other care and support organisations.
- The practice regularly worked with other health and care professionals in the case management of vulnerable patients. For example, they provided a shared care service for patients with opiate dependency which allowed them to obtain medication and monitoring services via the surgery. The practice also hosted a monthly substance misuse outreach clinic.
- The practice nurse and locality manager had attended a local traveller site in 2016 to encourage the uptake of child immunisations within the traveller community. During this visit they spoke with 14 families and this led to the vaccination of three children.
- 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 told us that ensured that ex-military personnel received priority referrals to secondary/primary care services as it was recognised that their condition could be related to past service. Patient records were coded to ensure that referrals were completed in a timely manner.
- Patients were regularly screened to identify alcohol dependency on registration and during reviews. We saw evidence to show that in the previous 12 months screening had increased by 18%.

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).

- Performance for mental health related indicators were either comparable to or above local and national averages. For

Outstanding



Summary of findings

example, 97% of patients with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to a CCG average of 92% and a national average of 89%.

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was slightly above the local CCG and national averages of 84%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. In addition the surgery hosted a weekly clinic run by the community mental health nurse who saw on average four to six patients a session.
- The practice told patients experiencing poor mental health and dementia how to access various support groups and voluntary organisations. For example, the practice worked closely with, and signposted patients to, a local support group. The group offered specific dementia advice and support and also organised a monthly dementia café.
- At the time of inspection 35 of the 43 patients (81%) on the mental health register had received a physical health check as well as being in receipt of mental health support.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice health care assistant apprentice acted as the surgery dementia champion and worked to raise staff awareness in this area. Local dementia services had attended awareness days organised by the practice.
- Patients presenting with depression were routinely assessed using a suicide risk assessment tool and were offered additional support should risks be identified.
- Reception staff made personal calls to patients with memory issues to remind them of upcoming appointments and reviews.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing at or above local and national averages. There were 333 forms distributed and 120 were returned which gave a response rate of 36%. This response represented 3% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 cards of which all had positive comments to make about the standard of care received at the surgery. Comments included references to the friendly and welcoming nature of staff and the high standard of treatment and care that they had received.

We saw that a local newspaper had written an article which identified the top ten practices in the West Midlands area and this had included Mossley Fields Surgery. The practice told us this rating was based on results from the national GP patient survey.

We spoke with three patients during the inspection and members of the patient reference group. All these patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring.

Data from the NHS Friends and Family Test collected for December 2016 showed that all of the 28 patients who responded would be extremely likely to recommend the practice to family and near friends. (The NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS).

Outstanding practice

We saw areas of outstanding practice at the surgery which included the delivery of a high number of responsive local health and wellbeing services and initiatives:

- The practice was responsive to the needs of vulnerable groups and delivered interventions or redesigned operating procedures to actively meet these needs. This included the delivery of shared care services, interaction with traveller families to promote child immunisations and vaccinations and the delivery of services to homeless people.
- The practice recognised the importance of health promotion to raise community health and delivered a range of activities to support this work. This included:
 - Holding a community health and wellbeing awareness raising event.
 - The utilisation of social media to promote health messages and to improve communication between the surgery and patients.
 - Active support and promotion of other campaigns and messages on behalf of other organisations such as "Safe and Well" checks delivered by the local fire and rescue service.

Summary of findings

- Patients were actively encouraged to participate in the Expert Patient Programme (which offered patients access to learning which supported them to build their confidence, skills and knowledge to more effectively manage their own chronic health conditions such as asthma, diabetes). Over the past 18 months the practice had written to 439 patients to promote the programme (over 15% of the patient list) and to invite them to participate.
- Clinical pharmacists and nurses delivered a minor ailments clinic. This freed GPs to deal with patients with more complex needs as well as increasing capacity and accessibility.

Mossley Fields Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mossley Fields Surgery

The practice is located at 3 Fisher Road, Walsall, West Midlands, WS3 2TA. The practice is part of a partnership which operates as Umbrella Medical and consists of a total of four practices operating in the Walsall area. Mossley Fields Surgery serves a patient population of around 4,100 patients and is a member of NHS Walsall Clinical Commissioning Group.

The practice is situated in a purpose built premises which opened in 2015 and is located over two floors. The premises is accessible for those with a physical disability as floor surfaces are level, entrance doors are automatic and there are wide corridors and rooms allowing access for patients using wheelchairs. Consulting and treatment rooms are all located on the ground floor with the upper floor used for administration, meeting and educational purposes. There is parking available on the site for patients.

The practice population age profile shows that it is above the CCG and national average for patients under 18 years old (28% compared to the CCG average of 23% and national average of 21%) The practice is below the CCG and national average for patients aged over 65 years old (12% compared to CCG and national average of 17%). The average life expectancy for the practice population is 76 years for males and 81 years for females (CCG average for males is 77 years and females 82 years and the national

average is 79 years for males and 83 years for female). Data published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population is mainly of White British ethnicity.

The practice provides services under the terms of the General Medical Services (GMS) contract, this is a nationally agreed contract commissioned by NHS England. In addition the practice offers a range of enhanced local services which included:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Extended hours access
- Out of area in hours care provision
- Alcohol support – identification and brief intervention
- Learning disability support
- Minor surgery

The practice works closely with a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

Umbrella Medical is composed of seven GP partners. Mossley Fields Surgery is staffed by two GP partners (one male, one female), one salaried GP (male) and two clinical pharmacists (both male). In addition there are two practice nurses (one with an extended role) and one health care assistant apprentice (both female). Clinical staff are supported by a practice manager, a locality manager, a reception supervisor and a team of administration and reception staff as well as a business administration apprentice. The practice is a teaching and training practice

Detailed findings

and supports GP Trainees (qualified doctors training to be GPs) Year 1 undergraduate medical students and student nurses. At the time of inspection there were two GP Trainees (both female) training at Mossley Fields Surgery.

The practice appointments include:

- On the day appointments
- Pre-bookable appointments
- Telephone triage/consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment
- Home visits

Appointments can be made in person, via the telephone or online.

The practice is open between 7.30am to 6.30pm Mondays, Tuesdays, Wednesdays and Fridays and from 8.00am to 6.30pm on a Thursday. Appointments are available from 7.30am to 11.50am and from 1.30pm to 5.50pm Mondays, Tuesdays, Wednesdays and Fridays, and from 8.00am to 11.50am and from 1.30pm to 5.50pm on Thursdays.

Out of hours care delivered by an external provider can be accessed via the practice telephone number or patients can contact NHS111.

The practice has not been previously inspected by the 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 9 January 2017. During our visit we:

- Spoke with and/or received feedback from a range of staff, which included a GP partner, salaried GP, GP Trainee, nursing staff, the practice manager, locality manager and members of the administration team.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient reference group and patients.
- Looked at templates and other information the practice used to deliver patient care and treatment plans.

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

Detailed findings

- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager and/or the locality manager of any incidents and there were reporting forms available on the practice's computer system.
- The incident recording process 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 support, truthful information and an apology.
- Staff told us that there was an open, transparent and blame-free approach to safety. All staff were encouraged and supported to record incidents. There was evidence of thorough investigation, learning and sharing. For example, the practice held monthly management meetings where all events were discussed and areas for improvement with actions agreed. This was followed by a monthly educational meeting attended by clinical staff where incidents were discussed and explored further and learning points were cascaded to the rest of the team. Learning from significant events were also shared outside the individual practice with other Umbrella Medical practices.
- Meetings were utilised to disseminate patient safety and medicine alerts and areas of best practice, and staff told us that this had a positive impact with regards to both safety and effectiveness of the service. For example, the practice had made a presentation at the educational meeting which discussed the implications of a Medicines and Healthcare products Regulatory Agency (MHRA) alerts regarding rubella in pregnancy. Following this presentation and discussion the practice took the following actions:
 - Alerts were placed on the practice IT system for eight week checks
 - Immunisation status of overseas patients were documented during new patient consultations

- Clinician awareness was raised with regard to at risk patients presenting with rashes
- We saw that actions in relation to incidents and events were implemented. For example, following an incident where there had been substance misuse within one of the patient toilets within the surgery new control measures had been introduced to prevent a recurrence which included:
 - The fitting of new locks to toilet doors
 - Closing the toilets at some specific times
 - Raising awareness of the issue within the surgery
- The system for responding to and actioning alerts was similar to the incident reporting process and actions included:
 - The receipt and logging of alerts on a specific database
 - Formal assessment of the alerts to establish if action was necessary. If no action was required this decision was recorded
 - If action was agreed this was cascaded to others and the action implemented. Cascaded information via email was accompanied by a read receipt to establish a full audit trail
 - Alerts were fully discussed at monthly management and educational meetings

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice IT system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner had been appointed as the safeguarding lead and they were supported in this role by a deputy. The lead attended quarterly safeguarding meetings with other health and social care professionals and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and we saw evidence that all staff had

Are services safe?

received training on safeguarding relevant to their role. GPs and members of the nursing team had been trained to safeguarding children level three and administration and support staff had been trained to either level one or two. All new children registered with the practice were highlighted to the local health visitor to establish if there were any ongoing safeguarding concerns. In addition the practice had systems in place for identifying and following up children who fail to attend hospital appointments to detect any safeguarding concerns. Key information regarding the safeguarding processes, pathways in place and local emergency contacts were displayed in all the consultation and treatment rooms. Staff were working with health visitors to develop a formal policy on dealing with families who did not attend with their child for immunisation appointments.

- A notice in the waiting room and in the consultation and treatment rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role 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). When a chaperone was offered or used this was recorded on the patient's record by the clinician leading the examination. Since the inspection the practice has also required the person acting as chaperone to record their presence on the patient record.
- The practice was based in a new building that had been completed in 2015 and was fitted and finished to a good standard. The practice ensured appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean and tidy and cleaning logs were in place. The practice nurse was the infection prevention and control (IPC) clinical lead and they liaised with the local IPC teams to keep up to date with best practice. There was an up to date IPC protocol in place and we saw that 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 last audit carried out in December 2015 (2015/2016 financial year) showed the surgery had attained an overall compliance score of 98%. We were told by the practice that a further audit was planned to be carried out in March 2017 (2016/2017 financial year).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice employed the services of two clinical pharmacists, who were able to support the practice in dealing with repeat medication requests, medicines reviews and dealing with specific queries.
- Blank prescription forms and pads were securely stored and there were systems in place to log and monitor their use. The practice maintained high levels of security and doors to consulting and storage rooms were kept locked when unoccupied.
- Two nurses who regularly worked at the surgery had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. We spoke with one of these nurses on the day and they told us that they received mentorship and support from the medical staff at the surgery for this extended role.
- Patient Group Directions (PGDs) had been adopted to allow nurses to administer medicines (PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions). In addition a health care assistant apprentice had been trained to administer vaccines and medicines against Patient Specific Directions (PSDs) (PSDs are written instructions, signed by a prescriber e.g. a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw that PGDs and PSDs were being properly authorised by the practice.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All files examined on the day were comprehensive and well organised.

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. A health and safety policy had been adopted and this was available on the practice IT systems. The practice had up to date fire risk assessments and carried out regular fire drills and alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated and 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, IPC and Legionella (Legionella is a 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, and as the practice was part of a wider partnership they could call on staff from other Umbrella Medical practices when needed. In addition the practice used regular locums and supported them when they delivered sessions at the surgery with a locum support pack. The pack contained details of standard operating practices and processes which were in operation within the practice.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- We saw evidence to show that all staff had received annual basic life support training.
- 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 also available in the surgery.
- 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. It was noted that the practice did not hold stocks of rectal diazepam (used in emergency situations to stop seizures). We discussed this with the practice who told us that they had risk assessed this in the past and decided that they would not stock this. Since the inspection we have been informed that the practice will now stock this medicine.

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.

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 effective 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. Updates and guidance was discussed at regular team and educational meetings
- The practice monitored that these guidelines were followed through risk assessments and clinical audits.

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 showed that the practice had achieved 99% of the total number of points available. The practice had appointed leads to oversee key QOF and other performance targets and we were shown evidence that performance was regularly discussed at management meetings and where necessary measures were put in place to drive improvement.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was either comparable to or above local and national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 94% compared to a CCG average of 90% and a national average of 89%.
- Performance for mental health related indicators were either comparable to or above local and national averages. For example, 97% of patients with schizophrenia, bipolar affective disorder or other

psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to a CCG average of 92% and a national average of 89%.

The clinical exception reporting rate for the practice was 6% which was below the CCG average of 8% and the national average of 10%. (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).

We saw evidence of quality improvement activities which included clinical audits.

- Five clinical audits had been completed over the previous 12 months, all of these audits were completed two cycle audits where improvements made were implemented, monitored and assessed for further action. For example, we reviewed in depth an audit into the correct duration of dual antiplatelet therapy (DAPT) (the use of two medications to reduce the risk of heart attacks). DAPT has been shown to reduce morbidity and mortality for the first 12 months; however guidance does not support the use of DAPT for longer than 12 months and prolonged treatment may expose patients to increased risk of major bleeding. The audit reviewed all eight patients from Mossley Fields Surgery who were receiving DAPT and identified one of these patients (12.5%) as having received this for longer than the recommended 12 months duration. As a result of this audit the identified patient had their DAPT discontinued. Other actions included raising clinical staff awareness on the importance of ensuring finish dates for treatment were clearly stated on the patients records. A second audit was carried out in January 2017 and there were no patients identified as being on dual antiplatelet therapy for an inappropriate length of time.
- In addition to discussion at both practice and educational meetings audits were prominently displayed as posters in the surgery educational room.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research and shared audit findings across the wider Umbrella Medical practice group.
- The practice achieved a high level of performance with regard to reviewing patients with long term conditions.

Are services effective?

(for example, treatment is effective)

For example the practice had completed over 77% of their annual asthma reviews and 81% of their annual COPD reviews at the time of inspection, with exception reporting below the local and national averages. The practice told us that it was on course to achieve 100% completion of these reviews by the end of 2016/2017. They had also achieved high levels of flu vaccinations for these specific groups. Where possible when carrying out reviews of patients with a number of identified conditions staff carried out multi-condition reviews at the same time. This meant that the patient did not need to make additional appointments over an extended period of time.

- The practice employed the services of clinical pharmacists who, with nursing staff, delivered minor ailment clinics and freed GPs to deal with patients with more complex needs.

Effective staffing

Staff had the 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 often spent a period of time as supernumerary to ensure that they gained maximum benefit from their 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 told us that they had access to both in-house and external training. We found the training records for staff to be comprehensive and up to date.
- 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 online resources and discussion at meetings.
- 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. Staff we spoke to said that they felt the practice was supportive with regard to training and fostered learning at all levels.

- We saw that staff had received on-going training with regards to key topics that included: safeguarding, fire safety awareness, basic life support and information governance.
- As a teaching and training practice we saw that GP Trainees, medical students and pre-registration student nurses were supported during their placements within the surgery. For example, GP Trainees received advice, support and sessional de-briefings. Members of the patient reference group also told us that they were involved in the support of GP Trainees and students and gave them their perspectives on care from a patient viewpoint. One of the GP partners was an accredited GP trainer and led on this area of work within the practice.
- The practice had a strong culture of staff development and actively supported apprenticeship opportunities, training staff to deliver clinical and non-clinical duties. At the time of inspection the practice employed a health care assistant apprentice and an administration apprentice. As well as supporting the general operation of the practice the apprentices improved performance in key areas such as the delivery of NHS health checks and released more senior staff to deliver more advanced services. For example, at the time of inspection 38% of NHS health checks had been completed and performance had shown a 300% increase since March 2016.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice had systems and processes in place to ensure that they shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

The practice told us, and we saw evidence to support this, that they 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. For example:

- Multidisciplinary meetings took place with other health care professionals on a quarterly basis and care plans were routinely reviewed and updated for patients with complex needs. 2% of the practice's patients were on the unplanned admissions register and 100% of these patients have an up to date care plan in place.
- Palliative care was discussed at regular quarterly Gold Standard Framework (GSF) meetings with district and palliative care nurses. (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life). At the time of inspection 16 patients were on the practice palliative care register. As well as advanced care planning, the staff worked with patients to identify and record preferred place of care and death. 91% of patients who had passed away in the previous 18 months had died in their preferred place of care and death.
- Staff worked closely with the local integrated care team to treat patients with conditions which could be safely managed in the community such as cellulitis and deep vein thrombosis.
- Incoming correspondence was dealt with by a summariser who had a clinical background and had received training and support to deliver this role, and who worked to an agreed procedure. This reduced the administrative workload of GPs and increased clinical capacity within the practice. The practice told us that a future clinical audit would examine clinical summarising.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction. The practice could also refer patients on to more specialised drug and alcohol support services.

In addition, patients could access support from a range of NHS, local authority and third sector organisations. This was either directly via staff within the practice or they were signposted to self-refer from and provided with leaflets and literature which was available in waiting rooms and consulting rooms. The practice had made extensive use of wall space in the corridor and waiting rooms to display noticeboards with information to patients on a wide range of conditions. We were told by the practice that these were themed and kept current to meet the needs of the patient population.

The practice's uptake for the cervical screening programme was 83%, which was slightly above the CCG and national averages of 81%. Exception reporting for cervical screening was 5% which was below the local and national average of 7%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. Although the practice had a low number of patients who did not speak English they demonstrated how they could encourage uptake of the screening programme by using information in different languages if required and had supported those with a learning disability to access screening services. 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.

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

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw evidence that in 2014/2015:

- 82% of females aged 50 to 70 years had been screened for breast cancer in the preceding 36 months compared to local and national averages of 72%.
- 48% of persons aged 60 to 69 years had been screened for bowel cancer in the preceding 30 months compared to a local average of 53% and a national average of 58%. The practice recognised that bowel cancer screening rates were below the national average and undertook a campaign to raise awareness and participation in the screening programme. This activity involved writing to and personally calling patients. At the end of this exercise the practice had contacted 94% of all eligible patients.

All 34 patients on the practice learning disability register were offered an annual review (many of which were completed in the patient's own home to reduce stress and anxiety). The practice had completed 74% of reviews at the time of inspection and was on track to have completed 100% of reviews by the end of 2016/2017. Staff from

Mossley Fields Surgery worked closely with the local cancer screening outreach nurse with regard to breast and cervical screening of learning disability patients and had supported them to deliver three screening visits to patients.

Childhood immunisation rates were above the 90% national expected coverage levels for vaccinations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100%. For five year olds vaccination rates ranged from 93% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, those with a learning disability and NHS health checks for patients aged 40 to 74. The practice had identified in the past that performance in relation to NHS Health Checks was low and had put in place actions such as raising awareness and had allocated additional staff to raise this. Data from the practice showed a 300% increase in NHS health checks carried out since March 2016. When requested the practice also delivered health checks to patients aged over 75 years old. 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

There was a strong emphasis on patient centred care and staff were spoke with were highly motivated to give care that was kind and promoted patient dignity. We observed that there was a welcoming atmosphere in the surgery and we saw that members of staff were courteous and helpful to patients and treated them with 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.
- Waiting room seating was located away from the main reception desk. Staff knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room adjacent to the waiting area to discuss their needs.
- A water cooler was available within the waiting room and we were told by patients that this was appreciated particularly during periods of hot weather.
- Patients with mobility issues could request the use of a wheelchair.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient reference group (PRG). They told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected at all times by staff. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Staff and patients explained that when the previous practice was threatened with closure, the local community had joined together to support the surgery. They felt that this had added to the community spirit and feeling of wellbeing within the practice.

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

- 93% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 92%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

Data from the NHS Friends and Family Test collected for December 2016 showed that all of the 28 patients who responded would be extremely likely to recommend the practice to family and near friends.

The practice signposted patients to external agencies when they identified need. For example, they signposted unemployed patients to a local organisation which supported jobseekers and also signposted those in financial hardship to local foodbanks.

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. Patient feedback from the comment cards we received was

Are services caring?

also positive and aligned with these views. The practice felt that it was important to keep patients informed if appointments were running late and had processes in place to tell patients if there was a delay.

We discussed treatment and care plans with the practice staff and they told us that these were personalised and explained thoroughly with patients and/or their carers or advocates.

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 at or above local and national averages. For example:

- 91% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Although the practice had a low number of patients who did not speak English fluently they could access if required interpretation and translation services.

- A number of the information leaflets were available in easy read format and the display noticeboards were well laid out and easy to understand.
- The practice was fitted with a hearing loop to aid those who had a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (over 1% of the practice list). Identified carers were sent letters and carers' packs which informed them of locally available support. Those patients on the carers register were invited to attend health and wellbeing events. The recent October event was attended by Walsall Carers Team who provided advice and support to patients. Over 85% of carers had received a seasonal influenza vaccination during 2016. As part of the future in-house Expert Patient Programme (due to commence in March 2017) one session was to be dedicated to carers and would be used to highlight support and give advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This contact would either be 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. The needs of specific patients groups and those with multiple and complex needs were identified and built into the planning and delivery of services. These included:

- The practice offered early morning opening and appointments from 7.30am to 8.00am on Mondays, Tuesdays, Wednesdays, and Fridays. These supported patients who may otherwise be unable to visit the surgery during normal opening hours.
- As well as urgent/on the day and pre-bookable appointments the practice offered telephone consultations.
- There were longer appointments available for patients with a learning disability and for those where there was an identified clinical need such as the elderly with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A shared care service for patients with substance misuse issues was delivered within the practice. This delivered structured support to patients with dependency issues and allowed them to obtain medication and receive necessary monitoring and support. The practice told us that they felt the shared care service reduced the stigma of drug misuse and promoted the delivery of effective and inclusive local services to vulnerable people. They also provided a consulting room once a month for a local organisation to deliver a substance misuse outreach clinic. One of the GP partners who led on the delivery of the shared care service worked closely with outreach substance misuse workers at the clinic and undertook joint consultations of service users. This GP partner also worked outside the practice with the local support organisation for two hours per week.
- The practice delivered an anticoagulation clinic as a locally enhanced service to support patients prescribed anticoagulants (medication used to prevent heart attacks, strokes, and blood clots). At the time of inspection 54 patients received this service, this represented 100% those prescribed anticoagulants at the surgery. We were told by staff that patients appreciated this local service as it saved travelling to the local hospital which was some distance from the surgery by public transport. The service also reduced the burden on secondary care services locally.
- Clinical pharmacists and nurses delivered a minor ailments clinic. This freed GPs to deal with patients with more complex needs as well as increasing capacity and accessibility. Over a three month period the activities of the pharmacists and nurse prescribers provided over 500 additional appointments (increasing the provision of routine and urgent same day appointments by 20%).
- The practice delivered an avoiding unplanned admissions service which provided proactive care management and reviews for patients who had complex needs and were at risk of admission to hospital. Patients who had attended hospital were reviewed following discharge from hospital. The practice held a quarterly review meeting to discuss unplanned admissions.
- In addition to in-house long term condition clinics the practice hosted a number of other externally commissioned and delivered clinics and services to patients. These included:
 - A weekly diabetic clinic delivered by a diabetic specialist nurse. This clinic dealt with diabetic patients with more complex needs. Nine appointments were available per week.
 - A weekly clinic delivered by the community mental health nurse. This clinic saw on average four to six patients per week and offered integrated, local access to the management of mental health issues. This also helped to reduce the stigma attached to attending a dedicated mental health facility. Staff actively encouraged patients to access this service.



Are services responsive to people's needs?

(for example, to feedback?)

- An ultrasound clinic provided by an independent company, which had delivered 29 clinics since April 2016. The service dealt with around 26 referred patients per clinic and delivered these services to patients from Mossley Fields Surgery and from other practices in the locality (patients from Mossley Fields Surgery made up around 3% of service users). Over 75% of those referred received a scan within 14 days. These clinics provided a convenient and responsive service for patients and referring clinicians.
- The practice nurse and locality manager attended a local traveller site in 2016 to encourage the uptake of child immunisations. They visited 14 families and were able to vaccinate three children as a result of the visit. To improve communication the staff devised visual aids to raise awareness in this often transient and hard to reach community with regard to immunisations and vaccinations for children. Staff from the practice also made calls to traveller families to remind them when appointments were due.
- The practice delivered services to homeless patients and registered these patients to a local homeless centre and used this as a point of contact with the patient. At the time of inspection one homeless patient had accessed this service.
- The practice accepted out of area registrations for patients who for example may work in the area but live out of the catchment area.
- Patients were regularly screened to identify alcohol issues on registration and during reviews. We saw evidence to show that in the previous 12 months screening had increased from 497 patients to 599 patients.
- Staff from the practice made personal calls to patients with identified memory issues or those with dementia to remind them of their appointments.
- The practice was dementia friendly and had appointed a member of staff who acted as a dementia champion, and whose role was to raise awareness of dementia amongst staff and patients. The practice building was readily accessible to patients with a range of disabilities. For example, fittings had been adapted such as colour contrasting toilet seats which were more suitable for patients with dementia. The dementia champion had also planned to host dementia friends café sessions within the surgery in the near future.
- To raise public awareness of health issues and to signpost patients to other services the Umbrella Medical held regular awareness events with the support of practice patient reference groups. The latest of these was held at Mossley Fields Surgery over a weekend in October 2016. A range of health, wellbeing and lifestyle services attended the event which included the fire and rescue service, an employment organisation, a carers group and cancer awareness and screening services. The practice told us that patients who attended had told them that they found the event valuable and had made some valuable contacts. These views were confirmed by patients we spoke to on the day of inspection.
- Staff from the surgery worked in collaboration with the local fire and rescue service to promote "Safe and Well" checks. These checks aimed to assess fire risks in patients' homes and to provide health and wellbeing information to the elderly and vulnerable. Since August 2016 over 5% of patients aged over 75 years old have received one of these checks from the fire and rescue service.
- The practice utilised social media to improve health and wellbeing. For example, to deliver health promotion advice to patients with regard to smoking cessation and dementia. In addition to this, patients were sent text message reminders for appointments and were able to cancel appointments via text messages. The practice also used text messages to deliver key messages such as health advice during hot weather.
- Patients were actively encouraged to participate in the Expert Patient Programme (which offered patients access to learning which supported them to build their confidence, skills and knowledge to more effectively manage their own chronic health conditions such as asthma, diabetes). Over the past 18 months the practice had written to 439 patients to promote the programme (over 15% of the patient list) and had received a 4% response rate. The plan was to build on this success by using social media to raise awareness. Working with the local Expert Patient Programme team the practice planned to provide a room to run an Expert Patient Programme course in March 2017.

Access to the service



Are services responsive to people's needs?

(for example, to feedback?)

The practice opened between 7.30am to 6.30pm Mondays, Tuesdays, Wednesdays and Fridays and from 8.00am to 6.30pm on a Thursday. Appointments were from 7.30am to 11.50am and from 1.30pm to 5.50pm Mondays, Tuesdays, Wednesdays and Fridays, and from 8.00am to 11.50am and from 1.30pm to 5.50pm on Thursdays.

The practice appointments include:

- On the day appointments
- Pre-bookable appointments
- Telephone triage/consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment
- Home visits

Appointments could be made in person, via the telephone or online.

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

- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them and that it was easy to get through to the practice on the telephone.

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.

Home visit requests were prioritised according to clinical need by a GP. 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was proactive in offering online services and patients could book and cancel appointments, order repeat medication and access medical records online. Over 10% of the practice patient list had signed up to access online services.

Listening and learning from concerns and complaints

There were active reviews in relation to complaints and how these were managed, investigated and responded to. The practice had an effective and transparent system in place for handling complaints and concerns and learning from these was seen as a valuable tool to drive improvement.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had appointed designated responsible persons who handled all complaints in the practice. We were told by the practice staff that in the first instance they tried to deal with complaints immediately, but informed patients when complaints would require longer periods of time to investigate .
- We saw that information was available to help patients understand the complaints system. The practice had a comprehensive website which was up to date and contained information in relation to all aspects of the practice including complaints. In addition posters were displayed in the waiting area which outlined the complaints process.

We looked at four complaints received in the last 12 months and found that these had been handled in accordance with national guidance. It was apparent that the practice had a positive approach to concerns and complaints received. There was a thorough analysis of trends to ensure these were acted on. We saw evidence that concerns and complaints were thoroughly investigated and that they were discussed at management and educational meetings. For example, following a complaint regarding the use of a patients preferred name, the practice had investigated the concerns raised, reflected on this and had implemented actions to prevent a recurrence. This included raising the awareness of staff with regards to dealing with the specific needs of patients, and placing an alert on the patient record which highlighted preferred names to be used during interaction with the patient.

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. This vision was encompassed within the practice's "Patient Promise" which highlighted the ethos of the practice to deliver good individual care. When we discussed this patient centred approach with staff it was clear that they understood and accepted this and the values that underpinned it.

The practice had adopted an effective strategic approach and developed supporting plans and policies which reflected the vision and values and which were regularly monitored. For example, the practice had a proactive approach to training, staff development and the encouragement of young people to pursue and develop a career in health and in particular general practice. Activities which evidenced this approach included:

- Operation as both a training and a teaching practice for GP trainees and medical students. This work was supported by a GP partner who acted as an educational supervisor.
- The provision of placements for pre-registration nursing students supported by a nurse from the practice who had qualified as a nurse mentor.
- Development of an apprenticeship strategy for both clinical and non-clinical posts. At the time of inspection the practice employed a health care assistant apprentice and a business administration apprentice. This approach not only delivered employment and training but increased capacity within the practice and the Umbrella Medical partnership. The strategy had been promoted and shared by Umbrella Medical across the CCG and with a large external training agency based outside the area.
- Support for the newly founded Aston Medical School access programme which was designed to give school and college students a greater insight into careers in the medical field. Students received mentorship support and advice via online e-mentoring. Two GP partners from the surgery had qualified as mentors for this programme.
- The provision of work experience for sixth form and college students.

- Internally the practice had a comprehensive programme of training and career development for staff at all levels within the organisation both clinical and non-clinical. For example we saw that staff received regular mandatory training with regard to basic life support and safeguarding.
- Learning was shared at meetings and specifically at monthly educational meetings held in the well-equipped educational room in the surgery.

In addition to the internal delivery of health and care services the practice had recognised the need to work with other organisations to improve outcomes. They actively worked with other organisations such as the fire and rescue service and other care providers to achieve this.

Governance arrangements

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

- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. Where necessary deputies had been appointed to cover key areas of work such as safeguarding and this added resilience within the surgery.
- Practice specific policies were implemented and were available to all staff on the shared computer drive. These were regularly reviewed and updated.
- A comprehensive understanding of local population needs and performance was maintained and this was supported by the effective use of intelligence such as QOF reporting, and the use of the primary care web tool. A programme of continuous clinical and internal audit was also used to monitor quality and to support continuous improvement. We saw that learning and outcomes of audits were shared extensively with all levels of practice staff.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw that the practice had in place an established and effective significant event procedure which again supported the learning culture apparent within the organisation.

Are services well-led?

Outstanding



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

- The practice management team showed a good awareness of the challenges they faced such as growing demand (the patient list had increased by around 35% since 2011) They had actively planned how to meet these through increasing surgery capacity by developing their own staff and through the employment of clinical pharmacists and apprentices.

Leadership and culture

On the day of inspection the partners and management team in the practice 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 and this view was echoed by individual staff members who we spoke with on the day. In addition staff told us the partners and management team were approachable and took the time to listen to all members of staff and to hear any concerns that they may have.

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 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.

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

- Staff told us the practice held regular team meetings and we saw minutes as evidence to support this.
- 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 and management team in the practice. Staff told us that they felt involved in discussions about

how the practice was run and were consulted on changes. Members of the management team told us that service improvement was critical to the operation of the practice and that one way they achieved this was through the encouragement of all members of staff to identify opportunities to improve services.

The practice saw that it had an important role to play within the local health community. For example, the practice management team told us that they had recently been asked to become a member of a CCG provider board looking to develop and evaluate new models of care. In addition Umbrella Medical, had worked with, and continues to work with, three large federations within NHS Walsall CCG to share best practice and develop new ways of working.

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 reference group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had suggested that additional services such as ultrasound be delivered from the surgery. This had been assessed and introduced by the practice. It was clear that the PRG supported the practice and its approach to local health and wellbeing and that members of the group were actively involved in wider surgery based events such as awareness days and were also involved in fundraising activities.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Outstanding



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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- There was a positive and proactive approach to training and development evident at all levels within the surgery.
- There was a learning centred approach to significant events, complaints and audits which coupled with comprehensive analysis supported continued improvement.
- There was evidence that the surgery and practice group embraced innovation and new ways of working. As an example the practice had employed clinical pharmacists to deliver services within the surgery which would normally have been delivered by GPs.