

# Lichfield Street Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lichfield Street Surgery on 3 February 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events and incidents and lessons were shared with staff to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and 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 and staff were aware of their role and responsibilities in relation to safeguarding children and vulnerable adults. Systems were in place to ensure the safe storage of vaccinations and patient samples. There was evidence to demonstrate that checks had been undertaken on emergency medical equipment. Risks to patients were assessed and well managed and there were effective infection control procedures in place.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The practice provided enhanced services which included personal health and advanced care planning. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance. The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients. The practice was proactive in ensuring staff learning needs were met and staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams in managing the needs of patients with long term conditions and complex needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey results published in January 2016

Good



# Summary of findings

showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

The practice offered flexible appointment times based on individual needs and we saw evidence of how the practice had responded to the needs of vulnerable patients with compassion and empathy.

Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take review and commission local health services. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided an anti-coagulation service and patients could have their blood tests, medication dosage checks and reviews completed at the practice. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings within the individual departments. Although the whole practice did not meet as a team, information was disseminated through departmental leads. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was

Good



# Summary of findings

aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The PPG had a display in the waiting area, detailing the date of the next meeting and minutes of the previous meeting were available to view. Staff had received inductions and had regular performance reviews. There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local Clinical Commissioning Group.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required and patients over 75 years of age were offered an annual face to face review with a GP and all patients had a named GP. The practice worked closely with district nurses and the community matron and used the Integrated Care Team for conditions that could be safely managed in the community including cellulitis and DVT. The practice actively promoted the national Aortic Aneurysm Screening Programme and hosted the service in the practice.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran an anti-coagulation clinic service on a weekly basis for their patients and the local population and a specialist diabetic nurse and heart failure team ran regular clinics at the practice. Longer appointments and home visits were available when needed. All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients were encouraged to engage with the Expert Patients Programme. This is a self-management programme for people living with long-term conditions which supports them by increasing their confidence, improving their quality of life and helping them manage their condition more effectively.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice's

Good



# Summary of findings

uptake for the cervical screening programme was 82% which was in line with the national average of 82%. Appointments were available outside of school hours and urgent appointments were allocated each day for children. The premises were suitable for children and babies. The practice held nurse-led baby immunisation clinics weekly and vaccination targets were in line with the national averages. We saw positive examples of joint working with midwives and health visitors and the midwife ran an ante natal clinic on a weekly basis.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services such as appointment booking and repeat prescriptions services and telephone consultations, as well as a full range of health promotion and screening that reflects the needs for this age group. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. It offered an appointment reminder text messaging service and appointment times were offered early each morning. The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We saw that there were 35 patients on the learning disability register and the practice had carried out 14 annual health checks for patients on the register. The practice held a register of carers, and had a carers corner in the waiting room which had information and advice about local support groups and services. There was a system in place to identify patients with a known disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and provided shared care for patients with opiate dependency allowing them to obtain their opiate prescribing at the surgery.

It had told vulnerable patients about how to access various support groups and voluntary organisations and there was a system in place to identify patients who required additional support and extra time during appointments. Staff had received safeguarding training and

Good



# Summary of findings

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. There were examples of how the practice had responded to the needs of vulnerable patients; for example the practice supplied hearing aid batteries for the local community.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). There were 70 patients on the dementia register and 44 had had their care plans agreed in a in the last 12 months. The community psychiatric nurse held clinics twice a week at the practice for continuity of care and support to patients. The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact. We saw that there were 141 patients on the mental health register and 102 had had care plans agreed. Patients experiencing poor mental health were signposted to various support groups and voluntary organisations. Staff had a good understanding of how to support patients with mental health needs and dementia and had held a dementia awareness day with guest speakers to offer patients detailed information. The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 249 survey forms distributed and 107 were returned. This represented a 43% completion rate.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 83 comment cards; five patients commented on the long wait to get appointments, two patients on

difficulties getting through on the phone and 76 comments were positive about the standard of care received. Patients commented on how the quality of care was exceptional. Patients said staff acted in a professional and courteous manner and described the services as first class. Patients commented on how clean the practice was and how satisfied they were with the reception staff.

On the day of the inspection we spoke with five patients including two members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients told us that they were involved in their care and staff took time to explain their treatment. However, we received mixed views about access to appointments, with two patients commenting that access to routine appointments could at times be difficult if they wanted to see a specific doctor. Two patients also told us that sometimes appointments did not run on time, but the doctor always apologised if there was a delay.

# Lichfield Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Lichfield Street Surgery

Lichfield Street Surgery opened in Walsall in 1930 and is part of a group practice with two other sites in the local area. The practice provides primary medical services to approximately 8,000 patients in the local community. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice also runs an anti-coagulation clinic for both the practice patients and people in the local community.

There are 4 GP partners (3 male, 1 female) and 4 salaried GPs (2 male, 2 female). During the last 12 months the group practice has been successful in recruiting three new GPs and two new GP partners. The practice is a teaching practice for the University of Birmingham Medical School and a Nurse Training Practice for the University of Wolverhampton. The practice offers training for medical students in their final (fifth year) year and first to fourth year medical students come to the practice at various times during the year. At the time of the inspection there was one trainee GP. The senior nurse practitioner is a qualified

teacher of nursing and takes on this lead role. The GPs are supported by two advanced nurse practitioner (ANP), two practice nurses, one health care assistant and a phlebotomist. The non-clinical team consists of administrative and reception staff, a locality manager and a new practice manager will be commencing in March 2016. There is a nominated team leader for the nursing, reception and secretarial teams.

The practice serves a higher than average population of those aged 65 years and above. The population is 65% White British (2011 Census data). The area served has higher deprivation compared to England as a whole and ranked at three out of 10, with 10 being the least deprived.

The practice is open to patients between 7am and 6.30pm Monday to Friday. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery. The out of hours service is provided by Primecare and NHS 111 service and information about this is available on the practice website and telephone line.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 3 February 2016. During our inspection we:

- Spoke with two GPs, the nursing team leader, a healthcare assistant, the locality manager, the reception team leader and the secretarial team leader.
- Spoke with five patients and observed how staff interacted with patients.
- Reviewed 83 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from two members of the patient participation group (this was a virtual group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had procedures in policies in place to record and learn from incidents and events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- There was a significant event policy in place which had been reviewed in November 2015. Staff would complete a significant event record form if they needed to report an issue. The event would be discussed at a monthly meeting of the management committee and information and learning would be shared with all staff via the practice intranet. The practice had recorded 12 significant events in the past 12 months.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient collected their prescription from the practice and it had the referral letter of another patient attached to it. This resulted in training for reception staff and all staff were made aware of the confidentiality policy.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following an incident, the practice had carried out a risk assessment of their fire equipment and organised a the service of all fire extinguishers immediately. All wall mounted fire extinguishers were replaced with floor standing extinguishers.

### 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 that reflected relevant

legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact information was clearly displayed on staff noticeboards. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to level 3 in safeguarding children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nursing team leader was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place which had been reviewed and updated in December 2015 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had completed an infection control audit in June 2015, during which it identified that there were no (COSHH) data sheets in place to monitor the substances used in the cleaning of the practice. We saw that this had since been rectified.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and security of medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a designated fire safety lead and fire marshalls in place. The practice had up to date fire risk assessments and fire drills were carried out once a year. Fire alarms were tested weekly and fire equipment was checked by an external contractor on an annual basis. All electrical equipment was checked in January 2016 to ensure the equipment was safe to use and clinical equipment was checked in February 2015 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 gas safety (the

last review was carried out in July 2015) and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The latest legionella testing was carried out in September 2015.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff were shared across the group if required to ensure adequate staffing levels were maintained. The practice would use locums if required and completed the necessary checks before they commenced at the practice. Staff had a flexible approach towards managing the day to day running of the practice and team leaders would also provide cover as and when needed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. The practice also kept medicine to treat anaphylaxis (severe, potentially life-threatening allergic reaction) in all of the treatment rooms.
- 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. A copy of this plan was available on the staff intranet and was displayed on the staff noticeboard. Additional copies were kept by the locality manager and each partner held a copy. In the event of an emergency the premises of the other practices within the group could be used.

# 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 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- The practice nurses had lead roles in chronic disease management for example, diabetes and asthma and patients at risk of hospital admission were identified as a priority.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available with 8% exception reporting. (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). Data from 2014/2015 showed:

- The overall performance for diabetes related indicators was higher than the CCG and national average. The practice had achieved 96.5% of the total number of points available, compared to 91.4% CCG average and 89.2% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the CCG and national average. The practice had achieved 90.8% of the total number of points available, compared to 85.2% CCG average and 83.6% nationally.
- Performance for mental health related indicators was higher than the CCG and national average. The practice had achieved 92.3% of the total number of points available, compared to 91.8% CCG average and 88.3% nationally.

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis.

Clinical audits demonstrated quality improvement and the practice participated in local audits, national benchmarking, peer review and research.

- The practice had completed four clinical audits since April 2015 where the improvements made were implemented and monitored. For example, an audit was completed of the appropriate prescription and risk assessment of beta-blockers to asthmatic patients in primary care. The audit resulted in patients being reviewed and changes implemented where necessary.
- The practice completed an audit of blood test monitoring of patients taking methotrexate, to determine whether patients were being monitored in line with British Rheumatological Society Guidelines. Methotrexate is one of the most effective and widely used medications for treating rheumatoid arthritis and other inflammatory types of arthritis. The audit resulted in highlighting that the practice was exceeding the guidelines and the practice could reduce the amount of current monitoring it was doing.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety, basic life support and information governance.
- 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 administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding; fire procedures; basic life support; infection control and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a clear system in place to support and manage medical students. The practice had a nominated GP trainer in place and all students received weekly GP tutorials.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two months with District Nurses, Community Matrons and Health Visitors. We saw that safeguarding concerns were discussed and care plans were routinely reviewed and updated at these meetings.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

- These included patients in the last 12 months of their lives, carers, homeless people, those at risk of developing a long-term condition and those requiring advice on their diet, access to exercise programmes and smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice would refer patients for weight management and smoking cessation advice to the community Lifestyle team.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81.83%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For

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

example, childhood immunisation rates for the vaccinations given under 12 months was 99% to 100%, for two year olds ranged from 72.9% to 97.9% and five year olds from 92.9% to 97.9%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people

aged 40–74 years. The practice completed a detailed questionnaire during new patient registration and offered health checks to these patients. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 83 CQC patient comment cards and 81 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 received feedback from two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately and provided support when required.

Results from the national GP patient survey published in January 2016 showed overall patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 86%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey results published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a deaf interpretation service available for patients.

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

There was a carers corner in the patient waiting room, with details on how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers, which represented 1% of the practice patient list.

The practice staff told us that if families had suffered bereavement, they were sent a sympathy card and the community psychiatric nurse attached to the practice provided in house bereavement counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered an anti-coagulation service and patients could have their blood tests, medication dosage checks and reviews completed at the practice.

- The practice offered extended hours every morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Drug and alcohol support workers ran a weekly clinic at the practice and the GPs clinically supported this service.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There was no hearing loop available, but the practice had systems in place to identify patients were required assistance.
- There was good access into the practice for wheelchairs and prams for example an automated door and ramp into the building and there was a lift available for patients who had appointments on the first floor of the building.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a place available for baby feeding.
- There were electronic check-in kiosks available for patients.

### Access to the service

The practice was open between 7am and 6.30pm Monday to Friday. Appointments with a GP were from 8.30am to 11.20am every day and from 3.40pm to 6pm. Nurses' appointments were from 7.30am until 11.40am and from 1.30pm until 6pm every day.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations with a GP were also available for people that needed them.

Results from the national GP patient survey results published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 40% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The locality manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and information was displayed in the waiting area.

We looked at five complaints received since April 2015 and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

- Although the whole practice did not meet as a team, information was disseminated through departmental leads.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at departmental meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and locality manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), Friends and Family Test results and through comments and complaints received. The practice had acted on suggestions from the PPG for example, the PPG had put forward the idea of a photo wall of the staff who worked at the practice, this was now in place in the waiting room.
- The practice had gathered feedback from staff through appraisals and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Senior staff identified the need to reduce the amount of emails that were sent as a way of communication and look at ways of improving communication with the whole practice team. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

(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.

For many years the practice has actively participated in a scheme to provide work experience to school pupils from disadvantaged backgrounds. This scheme to tackle inequality is run in association with staff from Walsall Manor Hospital.