

# LPS - Weatheroak Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

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 previously carried out an announced comprehensive inspection at LPS Weatheroak Medical Practice on 17 October and 1 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the inspection carried out on 17 October and 1 November 2016 was published on 25 January 2017, and can be found by selecting the 'all reports' link for LPS Weatheroak Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 5 July 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 October and 1 November 2016. This report covers our findings in relation to those requirements.

We found the practice had carried out detailed analysis of the previous inspection findings, and had then sought support from and involved stakeholders including the Clinical Commissioning Group (CCG) and Patient Participation Group (PPG). The practice had then made

extensive changes which had resulted in significant improvements. Practice staff had taken responsibility for embedding and maintaining these improvements themselves. There was evidence of a cultural and leadership change within the practice, and we saw a positive approach to performance and improvement throughout.

Our key findings were as follows:

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Arrangements for managing medicines kept patients safe.
- Staff were aware of current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, including regular training updates.
- Patient outcomes were above local and national averages.

# Summary of findings

- The practice had appropriate arrangements to identify patients who were carers to enable them to receive care, treatment and support that meets their needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients' satisfaction with how they could access care and treatment was in line with or above local and national averages.
- Information about services and how to complain was available in a range of languages. Improvements were made to the quality of care as a result of complaints, concerns and patient feedback.
- There was effective oversight, planning and responses to practice performance.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The practice is now rated as good for providing safe services, for providing effective services, for providing caring services, for providing responsive services, and for being well-led. The overall rating for the practice is now good.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**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?

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for providing safe services.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing safe services.**

- People were protected by comprehensive safety systems and there was a focus on openness, transparency and learning when things went wrong.
- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, discussed and shared.
- Practice staff used opportunities to learn from incidents to support improvement.
- Information about safety was valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were identified and dealt with.
- Arrangements for managing medicines kept patients safe.
- The practice had an effective repeat prescribing policy, system and protocol.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Good



### Are services effective?

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for providing effective services.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing effective services.**

- Unpublished data from the Quality and Outcomes Framework (QOF) 2016/17 showed patient outcomes were higher than regional and national averages. The most recent results

Good



# Summary of findings

showed that the practice achieved 95% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national averages of 96% and 95% respectively.

- We found the QOF exception reporting rate had reduced when we undertook the follow up inspection on 5 July 2017. For 2016/17, the practice's overall exception reporting rate was 2%, compared with the CCG and national averages of 6%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.
- 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, and all training had been completed within appropriate timescales.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for providing caring services.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing caring services.**

- Data from the National GP Patient Survey published in July 2017 showed patients rated the practice in line with or above others for all aspects of care. Results were improved when compared with the previous year in many areas.
- The practice had carried out its own annual patient surveys which indicated improving levels of patient satisfaction.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- The practice had identified more carers (increased from 18 carers to 36, which represented 1.5% of the practice population) and had measures in place to identify, respond to and support their needs.
- The practice had a register of 13 patients with a learning disability, and 10 of these patients had received a health check in the last 12 months.

## Are services responsive to people's needs?

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now 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 the CCG to secure improvements to services where these were identified.
- Home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- There was continuity of care with urgent appointments available the same day.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs.
- Results from the National GP Patient Survey published during July 2017 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages. For example, 72% of patients said they found it easy to get through to this practice by telephone, compared with the CCG average of 68% and the national average of 71%. 84% of patients said the last appointment they got was convenient, compared with the CCG average of 76% and the national average of 81%.
- Information about how to complain was available in a range of languages and was easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for being well-led.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for being well-led.**

Good



# Summary of findings

- The practice had a mission statement, which included providing high quality healthcare with dignity and respect, in a culturally sensitive manner and without any kind of discrimination. Staff demonstrated they knew and understood these practice values.
- The practice had engaged with the Clinical Commissioning Group (CCG) to consider and develop plans to meet the needs of the local population.
- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- Governance arrangements were comprehensive and effectively implemented. There was an overarching framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff and stakeholders.
- The practice had an active and engaged Patient Participation Group (PPG). We saw examples of where the PPG had supported the practice to make improvements.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered longer appointments for older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent same-day appointments when needed.
- The practice provided enhanced services for older people under a Local Improvement Scheme. This included risk profiling, care planning and over 75s health checks.
- Practice staff worked closely with other health care professionals to deliver care to older people, for example community nursing staff.
- The practice held regular multidisciplinary team meetings to discuss the needs of older patients.
- The practice directed older people to appropriate support services.

Good



### People with long term conditions

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

- The practice held registers of those patients 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. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was higher overall than CCG and national averages. For example, 94% of patients with diabetes had a blood pressure reading at or under the recommended level, compared with CCG and national averages of 77% and 78% respectively. The practice's exception reporting rate for this indicator for 2016/17 was less than 1%, compared with the CCG and national averages of 9%.
- The practice engaged in diabetes prevention and early intervention work.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP clinical lead.

Good



# Summary of findings

- Structured annual reviews were provided to check health and medicine 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.
- The health care assistant had a role of care co-ordinator, and was available to patients with long-term conditions to provide additional support and guidance.

## Families, children and young people

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

- Children and young people were seen on the same day if they needed an appointment.
- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of Accident and Emergency (A and E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this including care planning.
- The practice provided sexual health advice for young people and contraceptives were available.
- Performance for cervical screening indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 82%, compared with CCG average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives and health visitors.

Good



## 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.

Good



# Summary of findings

- The practice offered extended hours appointments one day a week up to 8pm, and two days a week up to 7pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## 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 registers of patients living in vulnerable circumstances.
- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of patients registered as having a learning disability and had offered health checks for all of these patients. 10 out of 13 patients had received a health check in the last 12 months. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided help and support for patients who were carers.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were trained and 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.
- Staff had received training in domestic violence and female genital mutilation (FGM).

Good



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

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

- Performance for mental health related indicators was higher overall than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded in the preceding 12 months was

Good



# Summary of findings

100% (all patients), compared with CCG and national averages of 93% and 89% respectively. The practice's exception reporting rate for this indicator for 2016/17 was zero (no patients), compared with the CCG average of 8% and the national average of 13%.

- Patients experiencing poor mental health (including those with dementia) were placed on a register, had a care plan in place and were invited to see a GP for a comprehensive review at least once a year.
- Longer appointments were available for those patients with mental health needs or dementia.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example Birmingham Healthy Minds and a local counselling service.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The latest available National GP Patient Survey results were published in July 2017, which reflected results of surveys completed during January to March 2017. 376 survey forms were distributed and 68 returned, which represents a response rate of 18% and 3% of the practice population.

Results showed the practice was performing above local and national averages in some areas, and in line with these averages in remaining areas. For example:

- 72% of patients said they found it easy to get through to someone at the practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 68% and the national average of 71%.
- 82% of patients said they were satisfied with the practice's opening hours, compared with the CCG and national averages of 76%.
- 96% of patients said they had confidence and trust in the last GP they saw or spoke to, compared with the CCG average and national averages of 95%.
- 97% of patients said the last time they saw or spoke to a nurse, the nurse was good at listening to them, compared with the CCG average of 89% and the national average of 91%.
- 84% of patients said the last appointment they got was convenient, compared with the CCG average of 76% and the national average of 81%.

Results from the 2017 National GP Patient Survey demonstrated significant improvements when compared with the results from 2016 in most areas. For example:

- 80% of patients said they were able to get an appointment the last time they tried, compared with 62% in 2016 (2017 CCG average 80%; national average 84%).
- 82% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with 71% in 2016 (2017 CCG average 85%; national average 86%).
- 96% of patients said the last nurse they saw or spoke to was good at treating them with care and concern, compared with 80% in 2016 (2017 CCG average 87%; national average 91%).
- 84% of patients described their overall experience of the practice as good, compared with 76% in 2016 (2017 CCG average 83%; national average 85%).
- 77% of patients said they would recommend the practice to someone who has moved to the local area, compared with 58% in 2016 (2017 CCG average 74%; national average 77%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 42 completed comment cards which were all completely positive about the standard of care received. Patients described staff as caring, supportive and compassionate. Many of the patients stated that they and their families had been with the practice for many years and were very complimentary about their care and experiences they had received.

We spoke with six patients on the day of the inspection, including three members of the Patient Participation Group (PPG). All patients were complimentary about the service received and none of them highlighted any concerns about their care or treatment.

# LPS - Weatheroak Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a Care Quality Commission (CQC) inspector and a GP specialist adviser.

## Background to LPS - Weatheroak Medical Practice

LPS Weatheroak Medical Practice is located in Sparkhill, Birmingham, and serves patients in the B11 and B12 postcode areas of Birmingham. The practice is part of the NHS Birmingham South and Central Clinical Commissioning Group (CCG). The practice is situated in a converted residential house which is owned by the provider. The building is set over two floors with patient services provided on the ground floor. The main entrance to the practice has a ramp to support patient access.

The total practice patient population is 2,620. The practice provides GP services in an area considered as one of the more deprived within its locality. The practice has a predominantly Asian registered patient list (68%) as well as 3% mixed, 6% black, and 5% other non-white ethnic groups. The average life expectancy at the practice for males is 77 years and females 81 years, which are lower than the national life expectancy averages of 79 and 83 respectively.

The practice is open Monday to Friday from 8.30am to 6.30pm (excluding bank holidays). The practice closes between 1pm and 3pm each day. The exception is Thursdays when the practice is open from 8.30am to 1pm

only. When the practice is closed telephone lines are switched to divert urgent and emergency calls to the GP out of hours service, which is provided by Badger Medical Services.

The practice provides same day appointments and pre-bookable appointments for one day in advance. Urgent appointments are also available for patients that need them.

The clinical staff team consists of full time GP lead partner (male), a part-time female salaried partner, a part-time practice nurse, and a full-time health care assistant. The clinical team is supported by a practice manager, a receptionist, a receptionist/medical secretary, two management support staff, and a cleaner.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

We previously carried out an announced comprehensive inspection at LPS Weatheroak Medical Practice on 17 October and 1 November 2016. The practice was rated inadequate for providing safe services, for providing effective services, for providing caring services, for providing responsive services, and for being well-led. The overall rating for the practice was inadequate.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of LPS Weatheroak Medical Practice on 17 October and 1 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe services, for providing effective services, for providing caring services, for providing responsive services, and for being well-led. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months.

The full comprehensive report on the on 17 October and 1 November 2016 inspection can be found by selecting the 'all reports' link for LPS Weatheroak Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 7 July 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 October and 1 November 2016. This report covers our findings in relation to those requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the Birmingham South and Central Clinical Commissioning Group (CCG), to share what they knew. We carried out an announced visit on 5 July 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff, and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver 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
- 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

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for providing safe services. This was because:**

- Patients were at risk of harm because some systems and processes were not in place to keep them safe.
- Internal procedures for responding to nationally recognised guidance for delivering safe care and treatment needed to be documented through to full completion.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The repeat prescribing policy, system and protocol in place for the recall and review of patients was not always effective.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

There was a well-established system for reporting, recording, actioning and reviewing significant events, incidents and near misses.

- There was a dedicated template for recording and reporting significant events and incidents which was available to all staff on the practice's computer system. We reviewed four examples of significant events from 2017 and saw that these included descriptions of the event, who was involved or affected, key issues, and identified learning points. This form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice manager and management support staff were responsible for logging and overseeing significant events and incidents. We saw evidence that events were

now being consistently reported, recorded, discussed, reviewed and shared, including analysis of trends. We saw evidence of where significant events and incidents were discussed in practice meetings.

- Staff understood their responsibilities in relation to significant events, incidents and near misses.
- Staff told us they would share examples of learning from significant events and incidents with stakeholders, for example the Clinical Commissioning Group (CCG) where this was considered to be necessary.
- We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably possible, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed. The practice had a documented alerts protocol to identify, share and respond to any alerts. The practice manager was responsible for responding to and sharing information relating to safety and medicines alerts. All medicine and medical device alerts were summarised in spreadsheet form which included details of patient searches completed, when staff had received and acknowledged the alerts, and subsequent actions with their completion date. We saw evidence that information was shared by email and in practice meetings. Staff told us they had frequent discussions relating to alerts when this was required. We reviewed two recent examples of alerts which had affected patients of the practice and saw these had been handled appropriately.

Lessons learnt were shared and action was taken to improve safety for patients. For example, following staff recording errors the practice had carried out detailed checks, and revised their approach checking and documenting patient details.

### Overview of safety systems and process

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements

## Are services safe?

reflected relevant legislation, and local guidance and requirements. Up to date policies and procedures were accessible to all staff. We saw these had been regularly updated. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures, and where to find them. Safeguarding information including flowcharts of actions was available in all treatment rooms.

- The lead GP was the lead member of staff for safeguarding. The GPs and nurses attended quarterly safeguarding meetings and we saw evidence they provided reports for other agencies where necessary.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Notices throughout the practice (including waiting and treatment areas) advised patients that chaperones were available if required. All staff who were required to act as chaperones were suitably trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The health care assistant (with support from the practice nurse and practice manager) was the lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Full infection control audits were undertaken yearly, with the most recent being completed in March 2017, and monthly spot checks were also carried out. A bodily fluid spillage kit was available and all staff were aware of its location.
- We reviewed five clinical and non-clinical staff personnel files and found that all appropriate recruitment checks

had been undertaken prior to employment. This included references, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.

- Patient records were managed securely, including on the computer system, and in paper record form where rooms used for storage were kept locked.

### Medicines management

- 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). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurse was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We reviewed PGDs and saw these had been appropriately signed by nursing staff and GPs.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We checked patient records for those using high risk medicines and these were being reviewed appropriately. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice did not hold any stocks of controlled drugs. The practice had a detailed repeat prescription and medicine review protocol which was reviewed and updated in April 2017.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use, including processes to ensure they were signed for on receipt.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, had carried out monthly tests of the fire alarm system, and had carried out tests of fire safety equipment twice a year.

## Are services safe?

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested and calibrated every 12 months. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent Legionella assessment had taken place in June 2017.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.
- There was an instant messaging system on the computers in the reception area and all the consultation and treatment rooms. This alerted staff to any emergency including its location.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- All staff received annual basic life support training and there were emergency medicines available on-site. There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There were processes in place to ensure that the equipment remained safe for use.
- Emergency medicines were accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan and contact numbers were kept off-site.

### **Arrangements to deal with emergencies and major incidents**

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

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for providing effective services. This was because:**

- Data showed patient outcomes were low in some clinical areas when compared to local and national averages.
- Requirements for annual training were not always completed within appropriate timescales.

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing effective services.**

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- All staff were able to access NICE guidelines by using a shortcut on all practice computers. We saw that NICE guidelines were discussed as part of monthly practice meetings.
- Findings were used by the practice to improve services. For example, following an audit into asthma care the practice had recalled a number of patients for a clinical review, and had provided self-management plans and a range of lifestyle advice for this patient group.
- We saw that audit findings had been presented, discussed and documented as part of monthly practice meetings.

### 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 unpublished results (for 2016/17) showed the practice was awarded 95% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and national averages of 96% and 95% respectively, and demonstrated an improvement when compared with the 2015/16 figure of 84%.

The practice's overall exception reporting rate for 2016/17 was 2%, compared with the CCG and national averages of 6%. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.)

QOF performance was closely monitored at all times. QOF was a standing item at monthly practice meetings. Where QOF targets were not met all individual cases were reviewed by clinical staff and discussed. The practice had a documented approach to exception reporting which was followed consistently.

The practice's clinical targets performance was higher than CCG and national averages and demonstrated improvements when compared with data available at the time of our previous inspection during October and November 2016. For example, data from 2016/17 showed:

- Performance for diabetes related indicators was higher overall than CCG and national averages. For example, 94% of patients with diabetes had a blood pressure reading at or under the recommended level, compared with CCG and national averages of 77% and 78% respectively. The practice's exception reporting rate for this indicator for 2016/17 was less than 1%, compared with the CCG and national averages of 9%.
- Performance for mental health related indicators was higher overall than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded in the preceding 12 months was 100% (all patients), compared with CCG and national averages of 93% and 89% respectively. The practice's exception reporting rate for this indicator for 2016/17 was zero (no patients), compared with the CCG average of 8% and the national average of 13%.
- Performance for a hypertension related indicator was higher than CCG and national averages. The percentage

# Are services effective?

## (for example, treatment is effective)

of patients with hypertension (high blood pressure) whose last measured blood pressure was under the recommended level, was 87% compared with the CCG and national averages of 83%. The practice's exception reporting rate for this indicator was 1% compared with the CCG and national averages of 4%.

There was evidence of quality improvement including clinical audit. The practice engaged in a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.

- The practice had carried out four clinical audits in the last 12 months. Each of these were completed audits where the improvements made were implemented and monitored. This included, for example, an audit into minor surgery carried out in 2016 and 2017, where the practice was able to evidence improvements in patient outcomes and recording.
- We saw that audit findings had been presented, discussed and documented as part of monthly practice meetings.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included for example safeguarding, confidentiality and infection prevention and control. We reviewed staff files and saw this training had consistently taken place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the health care assistant could evidence a range of specialist training to support the treatment of patients with diabetes.
- Staff who administered vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources, discussion at practice meetings and support from the GPs.
- The learning needs of all 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 which included documented progress, achievements, outcomes and actions. The practice closed for half a day once a week to support staff learning and development, including formal training sessions delivered by practice staff or external visitors. For example the infection prevention and control lead from the CCG was scheduled to deliver staff training during July 2017.

- All staff had received training that included clinical guidelines, safeguarding, fire safety awareness, basic life support, and the duty of candour. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

### 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 and intranet systems.

- This included care and risk assessments, care plans, medical records and investigation and test results. We reviewed a sample of patient records and saw these were all completed consistently.
- From the sample of documented examples we reviewed we found that 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 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

# Are services effective?

(for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## 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. GPs and nursing staff had completed annual consent training.
- 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 nursing staff assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was regularly monitored through patient records' audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking or alcohol use.

The practice was able to signpost patient to a range of local support groups for example counselling, bereavement, healthy lifestyles, and smoking cessation.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were high. For example, the practice had vaccinated 99% of children age up to two years compared with the national average of 91%. 99% of children aged five years had received vaccinations compared with the national average of 88%.

Data from 2016/17 showed the practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 80% and the national average of 81%. The uptake for breast cancer screening was 71%, which was in line with the CCG average of 66% and the national average of 73%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. 201 patients aged 40–74 years had received an NHS health check during the last five years. 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

### **inadequate for providing caring services. This was because:**

- Data from the National GP Patient Survey were lower in some areas than local and national averages.
- The practice had identified less than one percent of the registered practice population as carers. There was no systematic approach in the offering of appropriate support for carers.
- No learning disability patients were recalled for annual health checks during 2015/16.
- There was insufficient information available to help patients understand the services available to them in their own language.

### **We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing caring services.**

#### **Kindness, dignity, respect and compassion**

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Treatment room doors were closed during consultations; we noted that conversations taking place in these rooms could not be overheard.

Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them the use of a private room to discuss their needs.

Patients could be treated by their choice of male or female clinical staff.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 42 completed comment cards which were all completely positive about the standard of care received. Patients described staff as caring, supportive and compassionate.

Many of the patients stated that they and their families had been with the practice for many years and were very complimentary about their care and experiences they had received.

We spoke with six patients on the day of the inspection, including three members of the Patient Participation Group (PPG). All patients were complimentary about the service received and none of them highlighted any concerns about their care or treatment.

Results from the National GP Patient Survey published during July 2017 showed patients felt they were treated with care and concern. The practice scored in line with or above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 55% of patients with a preferred GP said they usually get to see or speak to that GP, compared with the Clinical Commissioning Group (CCG) average of 55% and the national average of 56%.
- 82% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 85% and the national average of 86%.
- 96% of patients said the last nurse they saw or spoke to was good treating them with care and concern, compared with the CCG average of 87% and the national average of 91%.

Many of these results demonstrated an improvement when compared with the results published during July 2016. For example, 2016 results indicated that 71% of patients said the last GP they saw or spoke to was good at treating them with care and concern, and 80% of patients said the last nurse they saw or spoke to was good at treating them with care and concern.

The practice had carried out its own annual surveys which contained questions similar to those in the National GP Patient Survey. 135 patients completed a survey during 2016-17, and the practice was able to evidence some improvements when compared with their 2015-16 survey results. For example 88% of patients said they were happy with how they were listened to by the person treating them, compared with 83% for 2015-16.

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

## Are services caring?

Patient comment cards indicated that patients felt consulted about and involved in decision making about the care and treatment they received. They also indicated 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. We reviewed a sample of five care plans and saw that these were personalised.

Results from the National GP Patient Survey published during July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above CCG and national averages. For example:

- 86% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.
- 80% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 81% and the national average of 82%.
- 97% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 87% and the national average of 90%.
- 91% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 83% and the national average of 85%.

Many of these results demonstrated an improvement when compared with the results published during July 2016. For example, 2016 results indicated that 78% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, and 83% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language, and many of the staff spoke several languages.

We saw that information leaflets and information about local support were available in a range of languages (or example Urdu, Hindi, Bengali and Punjabi), and many were available in an easy to read format.

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

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. This information was available in a range of languages.

At our previous inspection on 17 October and 1 November 2016 we found the practice had identified 18 patients as carers, which was less than 1% of the practice population. We saw no written information available to direct carers to the various avenues of support available to them locally.

At our follow up inspection on 5 July 2017 we found the practice had identified and registered 36 carers, which was 1.5% of the practice population. The practice had designated two staff to be carers champions, one being the health care assistant and one being a receptionist. These staff were engaged in identifying further carers and providing information and support. Staff told us they asked all new patients if they were carers or had a carer. We saw that there was now a range of information and support available for carers. The health care assistant led on providing bespoke support and guidance for patients who were carers, for example providing financial advice and signposting to other agencies. The practice was working with the local Birmingham Carers Hub to provide additional support for patients.

At our previous inspection on 17 October and 1 November 2016 we found no patients with a learning disability were recalled for annual health checks during 2015-16. At our follow up inspection on 5 July 2017 we found the practice had a register of 13 patients with a learning disability, and that 10 of these patients had received a health check in the last 12 months.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly. This was followed by a visit or telephone call at a flexible time and location to meet the family's needs, and by signposting to an appropriate support service locally if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for providing responsive services. This was because:**

- Information to help patients understand the complaints system did not detail who they should complain to and the documentation available at the practice was only provided in English. The complaint information did not provide Parliamentary Health Ombudsman contact details or the next steps to take in the event they wished to escalate their concerns.
- Literature was not available to patients in their own language.
- Results from the National GP Patient Survey published in July 2016 showed the practice had lower satisfaction scores regarding practice opening times and ease of access by telephone than those of the CCG and national averages.

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for providing responsive services.**

### 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 Commission Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments one day a week up to 8pm, and two days a week up to 7pm.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, carers, elderly patients, and patients with complex needs.
- The practice engaged in extended diabetes prevention and early intervention work as a result of the large South Asian patient population, who were identified as being at risk of this condition.
- The practice offered home visits for those whose circumstances resulted in difficulty for them attending the practice.

- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice offered weekly childhood vaccination clinics.
- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.
- There was adequate parking available close to the practice.

### Access to the service

The practice was open Monday to Friday from 8.30am to 6.30pm (excluding bank holidays). The practice closed between 1pm and 3pm each day. The exception was Thursdays when the practice was open from 8.30am to 1pm only. When the practice was closed telephone lines were switched to divert urgent and emergency calls to the GP out of hours service, which was provided by Badger Medical Services.

The practice provided same day appointments and pre-bookable appointments for one day in advance. Urgent appointments were also available for patients that need them.

Results from the National GP Patient Survey published during July 2017 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages:

- 72% of patients said they found it easy to get through to this practice by telephone, compared with the CCG average of 68% and the national average of 71%.
- 77% of patients described their experience of making an appointment as good, compared with the CCG average of 70% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 84% of patients said the last appointment they got was convenient, compared with the CCG average of 76% and the national average of 81%.
- 57% of patients said they felt they did not have to wait too long to be seen, compared with the CCG average of 52% and national average of 58%.

Many of these results demonstrated an improvement when compared with the results published during July 2016. For example, 2016 results indicated that 65% of patients said they found it easy to get through to the practice by telephone.

Patient comment cards we received indicated that patients were able to get an appointment when required. Patients we spoke with indicated they were able to get an appointment when they needed one.

The practice had a system to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

### Listening and learning from concerns and complaints

We saw that the practice had an effective system for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) for all complaints made to the practice. The practice manager was responsible for overseeing and monitoring complaints and the practice's response.
- We saw that information was available to help patients understand the complaints system including information in the waiting area. This included information in a range of languages.
- The complaint information provided Parliamentary Health Ombudsman contact details and the next steps to take in the event they wished to escalate their concerns.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- Feedback forms were available to patients in the reception area. Patients told us that they knew how to make complaints if they wished to do so.

We reviewed a sample of complaints and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw that complaints were discussed as part of staff meetings with learning points shared throughout the practice.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 17 October and 1 November 2016, we rated the practice as inadequate for being well-led. This was because:**

- Governance arrangements were not robust or always effectively implemented.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date with sufficient detail for staff to follow.
- Significant issues that threatened the delivery of safe care were not always identified or adequately managed.

**We found these arrangements had significantly improved when we undertook a follow up inspection on 5 July 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

The practice had a mission statement, which included providing high quality healthcare with dignity and respect, in a culturally sensitive manner and without any kind of discrimination. Staff demonstrated they knew and understood these practice values. The practice had a detailed current business plan and a range of strategy documents to support this. The practice had engaged with the Clinical Commissioning Group (CCG) to consider and develop plans to meet the needs of the local population.

### Governance arrangements

At our previous inspection on 17 October and 1 November 2016, we found that governance arrangements were not robust or always effectively implemented. At our follow up inspection on 5 July 2017 we found the practice had a comprehensive governance framework which supported the delivery of good quality and safe care, and the identification and management of risks. The practice had sought support from stakeholders including the CCG to put improvements in place. Practice staff had embraced responsibility for embedding and maintaining these improvements themselves. There was evidence of a cultural and leadership change within the practice, and we saw a positive approach to performance and improvement throughout.

- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them. We saw evidence of effective version control of documents, and all policies we saw had been updated in the last 12 months.
- Internal procedures for responding to nationally recognised guidance such as patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were in place and effectively applied.
- A comprehensive understanding of the performance of the practice was maintained. This included discussion of performance at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- The practice had a programme of continuous clinical and internal audits which was used to monitor quality and help make improvements.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Effective oversight and monitoring of risk assessment and risk management was in place.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date. All staff had received the necessary training and updates and details were documented appropriately.

### Leadership and culture

On the day of inspection the GPs and managers demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and managers were approachable and always took the time to listen to, involve and encourage all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

# Are services well-led?

Good 

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

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff had received training on the duty of candour.

The practice had systems to ensure that when things went wrong with care and treatment, staff provided reasonable support, clear information and a verbal and written apology to those affected.

There was a clear leadership structure and staff told us that they felt supported by the GPs and managers.

- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, or directly with a GP or manager. Staff said they felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the GPs, managers and their colleagues.

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

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

The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. (The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.) The PPG was

active, engaged and well-integrated with the work of the practice. PPG members we spoke with described a number of improvements the practice had made, and the PPG's input into these, in the last 12 months. For example

- There had been increased staff training such as customer care skills for reception staff.
- The PPG had worked with the practice to make improvements to the practice's telephone system including the addition of extra telephone lines.
- A PPG member had suggested online appointment booking which had been adopted by the practice.
- The PPG had helped to draft an improved patient information leaflet containing details about the practice, which was available in a range of languages.

The PPG had plans to support further improvements, for example one of the members experienced in quality assurance methodology had offered to support the practice in developing a compliance toolkit and quality assurance tools.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Meetings were used to share expertise, discuss patient concerns, consider audit findings, and reflect on patient feedback.

Staff told us they were well-supported in their roles, with sufficient training including inductions.

The practice was engaged with the Clinical Commissioning Group (CCG) and GP partners attended meetings with the aim of improving practice.