

Burntwood Health and Well-being Centre

Quality Report

High Street
Burntwood
Staffordshire
WS7 3XH

Tel: 01543 687440

Website: www.burntwoodhealth.co.uk

Date of inspection visit: 14 December 2015

Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Burntwood Health and Well-being Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burntwood Health and Wellbeing Centre on 14 December 2015. Overall the practice is rated as Good.

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.

Our key findings were as follows:

- 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.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with 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.
- Patients told us they could usually get an appointment when they needed one, although they may have to wait for a pre bookable appointment with the specific GP. Urgent appointments were 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, the practice worked with the executive team to share learning.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice completed two week wait referrals for unregistered patients with suspected cancer as well as their own patients.
- Patients said they found it easy to get an urgent appointment available on the same day but had to wait for a pre-bookable appointment with a named GP.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- It 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was established however there was no chairperson and finding members had proven difficult and the practice manager was acting as chair for the group.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and risk profiling and case management. All over 75 year olds were offered an annual health check to access any physical, mental or social needs that they may have and referrals were made to other services as required. It was responsive to the needs of older people and offered home visits and longer appointments as required. The practice identified if patients were also carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. All of these patients were offered a review to check that their health and medication needs were being met. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

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 who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the child immunisation rates were in line with the local Clinical Commissioning Group averages. The practice worked closely with the health visiting team to encourage attendance. New mothers and babies were offered post-natal checks.

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

Good



Summary of findings

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflects 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. We found that the practice enabled all patients to access their GP services and a limited number of appointments were available each day for unregistered patients. The practice offered open access to a list of patients agreed by the GPs as vulnerable.

The practice held a register of patients with a learning disability and had developed individual care plans for this group of patients. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local

Good



Summary of findings

alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations

Summary of findings

What people who use the service say

We spoke with three patients during the inspection and collected 16 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 99 responses and a response rate of 25.5%. The results indicated the practice could perform better in certain aspects of access. For example:

- 54% of respondents described their experience of making an appointment as good compared with the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.

- 66% of respondents said they were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 86% and national average of 85%.

However the results indicated the practice performed better in certain aspects of care when speaking or seeing the nursing staff. For example:

- 97% of respondents said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 94% of respondents said the last nurse they saw or spoke to was good at involving them with decisions about their care compared to the CCG average of 87% and national average of 85%.

Burntwood Health and Well-being Centre

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 Burntwood Health and Well-being Centre

Burntwood Health and Wellbeing Centre is part of Network Health Solutions, a provider of primary and community health services across 10 locations. The centre has been operating on its current site since opening in March 2009 and is a GP access centre delivering care on an open access basis to unregistered patients as well as to a list of 5,136 registered patients. The practice employs four salaried GPs, one male and three female, who combined are the equivalent to three whole time GPs. There is a nurse practitioner who is an independent prescriber and trained in treating minor illness. The clinical team also consists of two nurses and two healthcare assistants. The practice team includes a practice manager, senior administrator, practice administrator and reception staff. Network Health Solutions have an executive management team that provides both operational and clinical support to the practice.

The practice is open from 8am to 8pm seven days per week, 365 days per year. When the practice is closed the telephone lines are diverted to the NHS 111 service and

there is an out of hours service provided by Staffordshire Doctors Urgent Care Ltd. The nearest hospitals with A&E units are situated at Walsall, Wolverhampton and Stafford.

Why we carried out this inspection

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

Detailed findings

- 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders

to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 14 December 2015.

We spoke with a range of staff including members of the executive management team from Network Health Solutions, GPs, the nurse practitioner, the practice manager and members of administration staff during our visit. We sought the views from the representatives of the patient participation group, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national 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 breach in confidentiality happened when a prescription was handed out in error. The incident was discussed by both the practice administration team and the Network Health Solutions executive team. The patient whose confidentiality was breached was contacted and an apology and explanation made.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. Not all of the clinicians were engaged with the process; however the information was shared through an intranet system that made electronic copies available to all staff. The intranet system is a central store of electronic documents that make them available to all staff.

Overview of safety systems and processes

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

- Arrangements 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. There was a lead member of staff for safeguarding. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.

- A notice in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 nurse practitioner was the infection control clinical lead. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken in line with NICE guidelines and we saw evidence that an action plan had been produced following the most recent audit completed in December 2015 to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice did not have procedure for fridge failure. Staff stated that there had not been a fridge failure but planned to implement a procedure. Prescription pads were securely stored and there were systems in place to monitor their use. 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 production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

Are services safe?

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- 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. Due to the increased number of patients an audit had been completed in December 2015 that analysed a two week period for appointments requested, referrals made, post and faxes received and prescriptions requested. This data was to be used to review the staffing levels.

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 and panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the store room.
- The practice had a defibrillator available on the premises and oxygen with adult pads. No children's pads were included. The practice planned to source and add children's pads to the emergency equipment. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and an electronic copy was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97.9% of the total number of points available; with 14.6% clinical exception reporting that is higher than the local Clinical Commissioning Group (CCG) average (9.8%) and national average (9.2%). Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 98.8% compared to CCG average of 86.3% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice achieved 89.2% compared to CCG average of 83% and national average of 83.6%
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% performance compared to CCG average of 90.7% and national average of 92.8%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review

in the past 12 months was better than the CCG and national average. The practice achieved 100% performance compared to CCG average of 80.9% and national average of 84%.

However exception rates were high in some areas, exceptions are applied to patients who have been contacted three times requesting to make or attend an appointment but have not done either:

- The exception rate for patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the past 12 months was worse than the CCG and national average. The practice made exceptions of 22.2% of patients compared to CCG average of 6.4% and national average of 8.3%.
- The exception rate for patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was worse than the CCG and national average. The practice made exceptions of 34.5% of patients compared to CCG average of 24.9% and national average of 24.5%.

We spoke with GPs and the practice manager about this performance. They told us that the practice had implemented a policy to not exclude patients until the final week before the submission deadline. This would allow the practice more time to complete annual reviews.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. Only one had a second audit cycle completed where the improvements had been made in the reduction of the prescribing of a medication to treat anxiety. Two of the clinical audits had review dates scheduled.
- Findings were used by the practice to improve services. For example, action taken as a result included the recent change in use of aspirin for the treatment of atrial fibrillation.

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 newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

A number of staff we spoke with said that time was a problem that prevented the attendance of meetings. However all staff confirmed that minutes were shared through the intranet system.

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 people to other services.

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

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included a list of patients who were offered open access to the practice at the discretion of the GPs. The list consisted of 10 patients on the day of inspection and all staff were aware that these individuals were to be offered a same day appointment.
- The practice highlighted all vulnerable adults and children on their electronic records.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.2%, which was comparable to the CCG average of 77.3% and the national average of 74.3%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

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

under two year olds ranged from 86.2% to 100% and five year olds from 91.2% to 97.1%. Flu vaccination rates for the over 65s were 71.4%, and at risk groups 52.64%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. 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

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We spoke with three patients during the inspection and collected 16 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A confidential room was available if patients wanted to discuss sensitive issues or appeared distressed.

Data from the National GP Patient Survey July 2015 showed from 99 responses that performance in some areas was in line with local and national averages for example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

However the patient feedback on the nursing team was above both local and national averages for example:

- 95% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 97% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 94% and national average of 92%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt fully informed and involved in the decisions about their care and treatment. They 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. Patients' comments on the comment cards we received were also positive and supported these views.

Data from the National GP Patient Survey July 2015 showed from 99 responses that performance was in line or better than local and national averages for example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.
- 94% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs and nursing staff if a patient was also a carer. Notices in the waiting room and information on the practice website told patients how to access a number of support groups and organisations. Staff also had access to electronic information leaflets, which could be translated in different languages and given to patients to take away and read. Staff told us patients could be referred to local services, for example, Cruse Bereavement Care or Wellbeing Matters for psychological and emotional support.

Staff told us that if patients us that if families suffered bereavement, they were offered an appointment to come and see their GP. Patients could be referred for bereavement counselling if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The treatment rooms were all located on the ground floor of the building.
- The building had automatic doors and disabled toilets.
- Baby changing facilities were available and well signposted

Access to the service

The practice was open between 8am and 8pm seven days per week, 365 days per year. The practice was contracted to provide a GP and nurse appointment service to unregistered patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages in some areas. People told us on the day that they were able to get appointments when they needed them.

- 91.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.

- 94.1% patients said the practice was open at times that are convenient (CCG average 73.9%, national average 73.8%).

However 54.4% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73.3%. The practice management was aware of the results and had included a review of the telephone system in the Patient Participation Group (PPG) action plan for 2016.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a summary leaflet was available on how to make a complaint.

We looked at 12 complaints received in the last 12 months and found these were dealt with in a satisfactory and timely way. A template was used that recorded the details of date received, date responded and the nature of complaint. Actions taken as a result and lessons learnt from concerns and complaints were recorded on the same template. For example, three complaints had been made about the availability of appointments. The practice increased the number of clinical hours and conducted an audit on requests against availability. The practice together with the patient participation group (PPG) had identified telephone access as a problem and planned to add an additional telephone line.

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. Network Health Solutions had a mission statement which was displayed on their website and applied to Burntwood Health and Wellbeing Centre. Staff told us that this had been shared with them and they understood the values.

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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The Network Health Solutions executive management team and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that they were approachable and take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team 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, truthful information and a verbal and written apology

- The practice maintained written records of verbal interactions as well as copies of written correspondence.

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

- Staff told us that the practice held regular team meetings. Minutes were taken and disseminated to all staff through the intranet system.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Most staff said they felt respected, valued and supported. 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and assisted with the annual patient surveys.
- There were no examples seen of what the practice had done to improve the service through discussion with the PPG but an action plan had been produced for 2016. For example; additional phone lines planned to improve telephone access and request confirmation of patient mobile telephone numbers to improve the effectiveness of the text message reminder service.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had developed the professional competencies of the nurse practitioner by training and mentoring so that GPs could be supported with the treatment of minor illnesses.