

The Waterfront Surgery

Quality Report

The Waterfront Surgery
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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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

We previously carried out an announced comprehensive inspection in September 2016; the practice was rated as requires improvement, with the effective and caring key questions rated as requires improvement. The practice was rated as good for the safe, responsive and well-led key questions.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

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

We carried out an announced comprehensive inspection at The Waterfront Surgery on 13 November 2017 to monitor that the necessary improvements since our last inspection had been made.

At this inspection we found that improvements had been made:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. They acted on their duty of candour appropriately.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. The practice had reviewed its recall system to ensure patients with long term conditions were offered timely reviews.
- Staff treated patients with compassion, kindness, dignity and respect. Staff had completed customer service training to improve building rapport with patients.

Summary of findings

- Patients did not always find the appointment system easy to use and the practice had taken steps to improve monitor and remedy this. Patients mainly reported that they were able to access care when they needed it. The practice had a new telephone system with a queuing facility. They had reviewed peak times and adjusted staff rotas to increase staff operating telephones at these times. Comments we received on the day of inspection confirmed that the appointment system was better.

However, we found that in some areas, improvements were required.

Importantly, the practice must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. See the requirement notice at the end of this report for more details.

There were further areas identified where the provider **should** make improvements:

- Ensure that complaints forms and leaflets are readily available.
- Ensure all clinical staff have the opportunity to meet formally to share information concerns and improvements.
- Further explore how to improve patient satisfaction scores particularly during consultations with a GP and for access to care and treatment.






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?	Good 
Are services effective?	Good 
Are services caring?	Requires improvement 
Are services responsive to people's needs?	Requires improvement 
Are services well-led?	Requires improvement 

The Waterfront Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Lead CQC inspector and included a GP specialist advisor and a second CQC inspector.

Background to The Waterfront Surgery

Waterfront Surgery is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include childhood vaccination and immunisation schemes and minor surgery. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Dudley Clinical Commissioning Group (CCG).

The practice is located in a purpose built health and social care centre and shares the facilities with other NHS Services at Brierley Hill Health and Social Care Centre. The practice has a population of 8,157 patients and is within the third most deprived decile when compared with both local and national statistics. The practice has slightly more patients aged between 20 and 34 than the England average. This could increase the demand for more flexible appointment times. The practice had a higher percentage of patients with a long-term condition (LTC) than the local and England average. The percentage of unemployed patients that used the practice was double that of CCG and England averages. These factors could increase demand for health services and impact on the practice.

The practice has opted out of out of hours care provision. Out of hours care is provided by Malling Health (provided within Russell's Hall hospital). Patients can access this service by dialling NHS 111 or by attending the walk in service at Russell's Hall Hospital.

- Information about opening times and the practice team can be found at : <https://waterfront.gpsurgery.net>

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments and all new patients joining the surgery were offered a health assessment.
- The practice had a suite of safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the practice as part of their induction and refresher training, and a comprehensive training log captured all of these.
- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Receptionists were valued as part of the safeguarding system and we saw evidence of receptionists making senior staff aware of concerns. There were suitable safeguarding alerts attached to all children at risk and their siblings where appropriate. Vulnerable adults were also identified on screen so that the nurse or doctor treating them was aware of their circumstances.
- Policies were regularly reviewed and were accessible to all staff via the electronic system at the practice. The policies outlined clearly who to go to for further guidance.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check. All staff had a suitable DBS check and staff who acted as chaperones were clearly identified on notice boards throughout the practice.
- There was an effective system to manage infection prevention and control (IPC). The most recent IPC audit,

carried out in September 2017, had identified several issues which were progressed on an action plan. We saw that appropriate action had been taken. The practice had a dedicated and detailed cleaning schedule with cleaners supplied by the property owner.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were certificates to evidence that essential maintenance had been completed. There was a calendar reminder system in place to ensure ongoing maintenance and recalibration of equipment. The equipment was prioritised into clinical and non-clinical equipment. There were systems for safely managing healthcare waste. These included a dedicated room for storage while awaiting collection. Staff who put the waste into its dedicated storage area knew what personal protective equipment to wear and where to find it.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. This included the planning of annual leave to ensure that staff trained to be chaperones were available. A regular advanced nurse practitioner was used to fill in for planned GP absence.
- There was an effective induction system for temporary staff tailored to their role. The practice used a regular Advanced Nurse Practitioner (ANP) as a locum for covering GP sessions. There was evidence that they had received an induction that included a review of the policies and procedures used. People visiting the building were advised of the fire procedure and shown where the fire exits were located.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinical system included the facility to trigger a panic alarm. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The nursing staff had made use of the relevant National Institute for Health Care and Excellence (NICE) guidance for sepsis. There was an electronic alert on the computer system for patients undergoing treatment that reduced the efficiency of their immune system so that clinicians

Are services safe?

treating this group would be reminded if infection was suspected. GPs were knowledgeable about sepsis and the associated risks, but had not made use of clinical meetings to discuss this collaboratively with the nurses.

- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example when the practice commenced Saturday opening they risk-assessed access to the building and the number of staff that would be needed to offer the service.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed within templates provided by the local Clinical Commissioning Group (CCG) as part of the Outcomes for Health monitoring arrangement. The surgery told us it was necessary to be familiar with these templates to be able to find and see all relevant patient information. The GPs told us that the system was not as user friendly as the national QOF system had been. The practice therefore took steps to reduce the number of locum staff they used to ensure that staff were familiar with and able to use information needed to deliver safe care and treatment.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment through monthly multi-disciplinary team (MDT) and other suitable multi agency meetings such as contact with Health Visitors.
- The practice had developed a check form to ensure that all required information was available at time of referral via choose and book.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines were supported by two part-time CCG pharmacists. Vaccines, medical gases, and emergency medicines and equipment were stored safely and appropriately to reduce risk. There was a clear cold chain mechanism to ensure vaccines remained at the correct temperature and fridge records were monitored and recorded appropriately. The practice carried out suitable audits of medications and

ran further search-based audits in relation to alerts received. The practice kept prescription stationary securely and monitored its use to minimise the risk of fraud.

- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. However, we found one patient who had been on high risk medication who had not had their blood levels checked appropriately. The practice told us that they would learn from this and consider how to prevent recurrence. The practice advised us after inspection that they had set up a weekly discussion between the pharmacist and the practice to share any concerns over reviews.
- The practice involved patients in regular reviews of their medicines. They did not always review multiple medications for multiple conditions at the same time. The practice told us they had tried this but considered that patients found it too much to complete at a single visit.

Track record on safety

The practice had a good safety record.

- Suitable health and safety risk assessments were in place for example visual display screens and equipment.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The practice escalated concerns to the property owner and had a clear understanding of what aspects the practice was responsible for. The practice kept an up to date folder for this and could track any issues raised. For example the, property owner was responsible for legionella and hard wire electrical testing and provided the practice with certificates that this had been done. The practice were responsible for the portable appliance testing (PAT) of equipment within the surgery.

Lessons learned and improvements made

Are services safe?

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Receptionists and administrative staff felt able to raise concerns and said they were listened to. For example, a change was made to the way faxes were received and managed as a result of a misplaced fax.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. However, the emergency phone protocol had led to a patient with

chest pain being booked a same day appointment without adequately ruling out a heart attack. The practice manager reviewed the protocol on the day of the inspection.

- There was a system for receiving and acting on safety alerts. The practice had a functioning system and shared their plan to improve it using their existing electronic software. The planned changes meant that the practice would have a record of all staff receiving and opening the alert. Following an alert for medicines or equipment, the practice logged it and checked whether it was relevant to the surgery. This sometimes required the pharmacist to run a specific drug search to check if patients required altered dosages or changes in medication. The practice learned from external safety events as well as patient and medicine safety alerts through meetings.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients' needs were assessed using a health outcomes framework that had been formulated using clinical guidelines, for example those provided by The National Institute for Health and Care Excellence (NICE).
- The practice was comparable to the Clinical Commissioning Group (CCG) and national

averages for antibiotic prescribing. **England**

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to other practices (0.96 units compared to the CCG average of 0.98 and the England average of 0.98).
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was comparable to other practices (0.99 units compared to the CCG average of 0.99 and the England average of 1.01).
- The percentage of high-risk antibiotic items (Co-amoxiclav, Cephalosporins or Quinolones) prescribed per therapeutic group was better than average. The average practice prescription rate of 1.43% was lower than the CCG average of 3.19% and England average of 4.71%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. The practice held a register of frail people categorised as

three groups of frail patients. A total of 797 patients were categorised as mildly, moderately or severely frail. Of the severely frail group, 54% had received a face-to-face review since April 2017 and a home visit was offered where appropriate.

- There were a further 33 patients on a housebound register who were offered GP or nurse home visits when required. This group were offered an influenza vaccination at home.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The practice offered a number of clinics for patients with long-term conditions such as asthma and diabetes. Patients had a structured annual review to check their health and medication needs were met. Patients were included in the development of a management plan and agreed targets set for the next review.
- For patients with the most complex needs, the GP worked with other health and care professionals to ensure a coordinated package of care was provided.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%, with year to date uptake rates at 88% for both two and five year olds.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. We saw that a dedicated audit was run and that women affected were referred to appropriate secondary care for delivery.
- The practice ran a campaign during the summer to deal with childhood obesity; part of the national "change4life" programme.

Working age people (including those recently retired and students):

- The practice's year to date uptake for cervical screening was 73%, which was slightly below the 80% coverage target for the national screening programme.

Are services effective?

(for example, treatment is effective)

- The practice had run a campaign in the summer to encourage eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice invited all patients aged 18-24 for the meningitis vaccine. They had an uptake of 93 patients, which was a significant improvement on the previous year in which the uptake was just 12 patients.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There was a system for monitoring the uptake of health checks and issuing invitations. This was monitored on a monthly basis.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of 175 patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Since April 2017, 130 of these patients had completed face to face reviews, 45 had received medication reviews and 41 had written care plans.

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

- During the summer, the practice had been offered a large number of twiddle muffs (a knitted muff with items attached to provide sensory stimulation) for people who had dementia. The practice put on a special event for the issuing of these. Patients and their carers had reported that they were useful for people with learning difficulties as well as for people with dementia.
- The practice had implemented a carer's assessment and encouraged patients that cared for others to have an influenza vaccination and an annual health check.
- The practice offered home visits to patients with poor mental health for their annual review.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity through audit and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had carried out a variety of audits. An ongoing current audit based on a NICE guideline issued in 2013 showed a continuous improvement in the prescribing of

medication for post myocardial infarction (heart attack) patients. There was evidence that this learning was effectively translated into improved care for this group of patients. An improvement in optimum medication prescribing for these patients had risen from 39% to 74% during the most recent audit.

The practice had used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The 2015-2016 QOF results showed that the practice achieved 74% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%. The overall exception reporting rate was 4% compared with a CCG average of 4% and a national average of 6%. QOF is a system designed to monitor and improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

The practice stopped collecting QOF data at the end of March 2016. After March 2016, the practice collected data from the Dudley CCG Outcomes for Health framework, which the CCG had used to replace QOF. Like the national QOF, the Dudley Outcomes for Health Framework has a total number of points available and these were compared with the immediate locality and the wider CCG averages. However the indicators are different from and therefore not comparable with those used for the National QOF framework. The most recent published results for 2016/17 Dudley quality indicators showed that the practice performance was in line with the CCG average. Analysis of year to date performance demonstrated that improvements had been made. For example:

- 64% of patients with long-term conditions (LTC) had received a holistic comprehensive annual assessment, which included a medication review. (Patients who had LTC on no medication were automatically excluded from this data). The CCG average was 43%. The year to date data for 2017/18 showed that 58% had been completed at the practice compared to a CCG average of 36%.
- 66% of patients with a long-term condition had a completed care plan co-developed with the patient

Are services effective?

(for example, treatment is effective)

detailing personalised goals and review on an annual basis. The CCG average was 38%. The year to date data for 2017/18 showed that 62% had been completed at the practice compared to a CCG average of 40%.

- 47% of patients with a diagnosis of severe mental health who had a cardiovascular disease risk assessment in the past 12 months. The CCG average was 46%. The year to date data for 2017/18 and found that 27% had been completed at the practice compared to a CCG average of 36%. The practice was aware of this and were aware that not all patients had received their review as expected. They practice continued to invite these patients to a review.
- 66% of patients with diabetes whose last recorded specific blood test were within target. The CCG average was 67%. The year to date data for 2017/18 showed that 36% had been completed at the practice compared to a CCG average of 55%. The practice was aware of the current year target and continued to invite these patients to a review.

A dashboard for the indicators was updated monthly and the CCG provided the year to date comparable figures. These were monitored by the practice and the GP and practice manager were aware of how the practice was performing.

The practice had a proactive pre-planned audit calendar and clinical staff were encouraged to raise areas of practice they considered would benefit from an audit. For example, the nurses audited cervical cytology and their results to improve practice. The annual uptake target was 80% and the practice had a year to date of 73%.

The practice was actively involved in quality improvement activity and incorporated NICE guidance into care plans for people with long-term conditions for example atrial fibrillation, and hypertension.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications, and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Support was in place for staff wellbeing, which could have affected performance.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw that there was good contact with the safeguarding teams, health visitors, and MDT for more complex conditions.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

However, there were a number of gaps found that included a patient on a high risk medicine that required regular monitoring who had not attended for regular blood tests. This information was not being shared with a consultant in secondary care also involved in the patient's treatment. Care plans were not always seen to be an effective way of sharing patient information between healthcare professionals. The practice highlighted that the care plan template provided by the CCG could be improved to support the recording of this information, but this had not been fed back to the CCG.

Helping patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns. The practice had run a number of campaigns over the year and there was evidence to support that this improved patients' lives. For example, the twiddle muff campaign had been helpful to both patients with learning disabilities as well as those with dementia.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. Written consent was obtained for minor surgery.
- Receptionists understood Gillick competence (the term used to decide whether a child under 16 years of age is able to consent to his or her medical treatment without the need for parental consent or knowledge) and supported teenagers requesting appointments alone. They checked with the GP prior to booking an unaccompanied teenage appointment appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A total of 18 out of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Ten of the comments we received were mixed but indicated that the practice had improved.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 318 surveys were sent out and 118 were returned. This represented a 37% return rate equivalent to 1.5% of the practice list size. The practice was generally below average for its satisfaction scores on consultations with GPs. For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and national average of 89%.
- 78% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and national average of 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; time compared to the CCG average of 96% and the national average of 95%.
- 69% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 92% of patients who responded said the nurse was good at listening to them; time compared to the CCG average of 93% and the national average of 91%.

However the results were more positive when patients were asked about their satisfaction during consultations with a nurse:

- 92% of patients who responded said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw time compared to the CCG average of 98% and the national average of 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern time compared to the CCG average of 92% and the national average of 91%.
- 77% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice were aware of the lower results and had drawn up an action plan to address the issues. The practice had sourced external dedicated customer service training to improve patient reception. The practice also asked the PPG to help with doing further surveys to monitor progress.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The electronic sign-in-screen offered seven languages plus English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer with a flag on both their own notes and those of the patient they cared for. The practice had identified 163 patients as carers (2% of the practice list).

- The practice had developed a carer's assessment and encouraged any patient with caring responsibilities to have an annual assessment to ensure their health and well-being.
- Although the practice did not have a dedicated carers' champion there was a dedicated carer's area with leaflets and information for further help and advice.
- Staff had been encouraged to undertake the care aware course. Receptionists encouraged new patients to let the practice know if they also had carer responsibilities. Patients were offered a carers form to fill in. There was a structured recall system to invite carers annually for immunisation against flu.
- Staff had become dementia friends through dedicated training.
- When people were bereaved, the practice sent out a letter of condolence, which offered support and an appointment if required. The letter also contained useful information about what to do and where to get help with the tasks required after bereavement.

Results from the national GP patient survey showed patient's responses were mixed when asked questions about their involvement in planning and making decisions about their care and treatment. Results were in mainly in line with local and national averages for nurses but lower for GPs.

- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 66% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average 85%.

The practice had developed an action plan to address these areas and they discussed this with both the PPG and the partners at their meeting from the year before and that they were confident that they would improve.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice offered extended surgery hours three evenings a week plus an all day Saturday clinic for pre-bookable appointments.
- Patients could register to use online services for the booking of appointments and repeat prescription requests. Patients could also use a CCG commissioned central service for repeat prescription ordering system; via telephone or on line.
- The practice improved services where possible in response to unmet needs. They had run a variety of dedicated campaigns throughout the year to further identify the needs of specific groups of patients and meaningful ways to support them. For example the pre university meningitis vaccine, twiddle muffs and "change4life" campaigns.
- The facilities and premises were appropriate for the services delivered and offered a private room for breastfeeding.
- The practice made reasonable adjustments when patients found it hard to access services with home visits if required and flexible appointments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice had a register of 33 housebound patients who were supported with home visits when required.
- General health advice was available on the practice website. This included seasonal cold/warm weather information and advice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had an in house midwife who held clinics at the practice for pregnant women.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours three evenings a week and all day Saturday pre bookable appointments. There was also an additional Saturday flu vaccination clinic.
- Telephone consultations with either a GP or a nurse were available which supported patients who were unable to attend the practice during normal working hours
- Appointments could be booked on line.

People whose circumstances make them vulnerable:

- The practice held registers of patients living in vulnerable circumstances including homeless people,

Are services responsive to people's needs?

(for example, to feedback?)

travellers and those with a learning disability. The practice offered advocacy services to people with learning disabilities when required to ensure that the patients' best interest was supported.

- The practice was proactive in supporting the local authority with patients who required safeguarding support. There was evidence to demonstrate contact with social workers and attendance at multi-disciplinary team meetings for joined up supportive care of these patients.
- The practice hosted palliative care meetings with a range of professionals to ensure those who were approaching end of life had a cohesive plan of care across all agencies.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff had undertaken specific training to understand and support people who had dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. For example:

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.

- 49% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 82% and the national average 84%.
- 69% of patients who responded said their last appointment was convenient compared to the CCG average of 80% and the national average 81%.
- 55% of patients who responded described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 53% of patients who responded said they don't normally have to wait too long to be seen time compared to the CCG average of 61% and the national average of 58%.

The practice was aware of the results and although a new telephone system had been installed in July 2016 to ease access, the national patient survey results remained below average. In March 2017, the practice had reviewed the number of receptionists answering telephones at peak times and adjusted staff rotas to improve the response time.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- There was a box for comments and complaints situated in the patient waited area.
- Information on the practice website advised patients what to do should they wish to make a complaint. However, information about how to make a complaint or raise concerns was not readily available in reception.
- The complaint policy and procedures were in line with recognised guidance. Fifteen complaints were received in the last year. We reviewed summaries of all and considered three in detail. We found that they were satisfactorily handled and dealt with in a timely manner.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been several complaints about GPs spending too much of the appointment time looking at the screen. The practice had addressed this at a partners' meeting and identified

Are services responsive to people's needs?

(for example, to feedback?)

template issues, which they had fed back to the CCG as a contributing factor. They told us they were monitoring that theme and wanted to improve patients' satisfaction in that area. The practice told us they were considering further customer service training.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice ethos and address risks to it. Since the last inspection, there had been a change in lead GP arrangements. There was a new lead GP, the partners told us they were committed to supporting the new lead GP with leadership training although the agreed external training for this role had yet to be completed.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they were planning to increase their minor surgery to reduce hospital appointments.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. However, not all meetings had been used effectively for sharing information between internal teams. The practice had a schedule that planned regular meetings each six to eight weeks but we found that only one meeting had been held in the previous six months.

Vision and strategy

The practice had an ethos to deliver high quality care and promote good outcomes for patients. This set out the five values the practice had developed with its staff and was found on every pin board.

- There was a clear ethos and set of values. The practice had not yet developed a business plan and were still in the planning stage. They had identified their priorities, challenges and forward direction.
- Staff were aware of and understood the ethos and values and their role in achieving them.

- The ethos was not specific to the health and social priorities across the region but the practice understood them and demonstrated that it planned its services to meet the needs of the practice population.
- The practice monitored progress against the clinical commissioning group (CCG) target for the Dudley health and social priorities.

Culture

The practice spoke of a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw evidence that the practice had applied its duty of candour appropriately to a patient discharged from hospital who had required a change in dosage of medication. No harm had come to the patient the practice had acted quickly, apologised to the patient offered a suitable appointment and remedied the mistake.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Reception staff demonstrated a positive and open approach to day-to-day concerns and we saw that they were supported when they raised issues about existing protocols. We saw an emergency protocol reviewed and revised as a result of a conversation with a member of staff.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was evidence that the mental and physical wellbeing of staff was considered and supported.

Are services well-led?

Requires improvement 

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

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

The governance arrangements were supported by clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. However, the governance arrangements were not always adhered to.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The practice had a process for reviewing and updating policies and for ensuring that policy governed practice. However we found that the emergency call handling protocol did not provide adequate support to reception staff when handling a potential emergency.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. A comprehensive suite of risk assessments and action plans to address concerns and inform policy had been commenced in May.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. There was a very detailed audit of all minor surgery procedures, which would inform future planning for development. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. Although there was no effective action to address the poor survey results.
- The practice used information technology systems to monitor and improve the quality of care. The practice had frequent dialogue with the Clinical Commissioning Group regarding the new Outcomes for Health and documented this during practice meetings.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Comments were acted upon and notices had been placed on the lower floor inviting patients to telephone the surgery if they required assistance getting from the entrance to the surgery.

Are services well-led?

Requires improvement 

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

- There was an active patient participation group (PPG) with eight core members. The group normally met monthly and the meetings were chaired by the practice manager. The PPG was actively involved in running additional practice surveys to gain further insight regarding accessibility and appointments. The PPG had started a quarterly newsletter and had asked the practice for a prominent place for a notice board and information stand. These had been made available and information about the PPG and what it did was easily available. The newsletter highlighted the number of missed appointments and reminded patients of the routes available to cancel appointments if these are no longer required.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was some evidence of continuous learning and improvement within the practice. For example, the practice nurse had undertaken additional qualifications and saw patients with minor ailments at her clinical sessions. However there was absence of a formal plan and a lack of senior management meetings.
- Staff knew about improvement methods and had the skills to use them. Administrative staff had suggested and implemented systems to ensure all relevant information was captured prior to onward referrals being made.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Complaints were regarded as a positive means to let the practice know something required improving.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have established, effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p>In particular:</p> <ul style="list-style-type: none">• The clinical governance meetings were not held with the regularity detailed in the framework leaving potential gaps for reviews of significant events, complaints, alerts and adherence to clinical guidelines.• The partners did not always have oversight of patients on high risk medicines that required regular monitoring.• The practice had not effectively addressed the continuing poor patient survey results. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>