The Woodrow Medical Centre

Quality Report

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Woodrow Medical Centre on 20 July 2016. Overall the practice is rated as Requires Improvement.

During our previous inspection of this practice in November 2014 and March 2015 we found breaches of legal requirements. The practice wrote to us to say what they would do to meet legal requirements in relation to these breaches. The breaches regulations 12 (safe care and treatment), 19 (fit and proper persons employed) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this announced comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

Our key findings were as follows:

- Some risks to patients were assessed and managed. We found that the practice had a system for the monitoring of patients on high risk medicines to ensure they received their blood tests in a timely manner in that they could access test results via the integrated clinical environment system (ICE). However, there was no evidence of a documented comprehensive risk assessment for one patient who had not attended for monitoring or review and who had been prescribed this medicine.
- 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. The practice carried out an annual significant event audit to ensure learning from significant events was embedded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. We noted that there was high exception reporting in a number of areas which the practice staff were unable to explain on the day of our inspection.
- There was a developing leadership structure and staff felt supported by the GPs and the practice manager. There had been a high turnover of both clinical and

Summary of findings

non-clinical staff at the practice. The practice proactively sought feedback from staff and patients which it acted on. There was a very pro-active Patient Participation Group (PPG).
- The practice was aware of and complied with the requirements of the duty of candour.
- Patients described staff as caring and helpful. Patients commented that they were treated with dignity and respect
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

The areas where the provider must make improvements are:

- Ensure that a comprehensive documented auditable risk assessment is carried out when prescribing high risk medicines to patients who have not attended for blood monitoring and review to demonstrate that the GP has assessed that the risk of stopping the medication would outweigh the effects of continuation.
- Ensure that staff administering vaccinations are working to the relevant PGDs.

The provider should:

- Document verbal complaints to identify trends and ensure learning from these**.**
- Ensure full cycle clinical audits are completed to monitor performance and contribute staff learning.
- Consider ways of increasing the numbers of carers identified to enable them to receive care, treatment and support that meets their needs.
- Review areas of exception reporting in the Quality and Outcomes Framework and ensure that patients are monitored and screened appropriately following current guidelines, specifically regarding cervical screening.
- Take more proactive steps to encourage patients to engage in national screening programmes for breast and bowel cancer.
- Take action to review the findings of the national GP patient survey and identify areas for improvement.
- Ensure all patients on the learning disabilities register are given an annual health check.
- Ensure that health promotion information is available for patients.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Some risks to patients were assessed and managed. We found that the practice had a system for the monitoring of patients on high risk medicines to ensure they received their blood tests in a timely manner in that they could access test results via the integrated clinical environment system (ICE). However, there was no evidence of a documented comprehensive risk assessment for one patient who had not attended for monitoring or review and who had been prescribed this medicine.Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes. However we found that on two occasions the medicines fridge temperature had fallen slightly out of range. We noted that actions had not been taken to report these as significant events or to ensure that staff knew what to do in such a situation.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- A practice nurse had not signed the relevant PGDs and yet was carrying out childhood immunisations.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were at or above the national average. The practice had achieved 99% of the total number of points available which was above the CCG average of 97% and above the national average of 95%. Their exception reporting was 16% which was 7% above the national average.

Summary of findings

- The exception reporting for diabetes was 33% which was significantly higher than the national average of 12%.
- The exception reporting for cervical screening was 31% which was significantly higher than the national average of 6%.
- Staff had received training appropriate to their roles.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice had not carried out full cycle audits which could demonstrate quality improvement and effective care.
- The practice also carried out NHS health checks for patients aged 40-74 years. 93 health checks were carried out in the last year.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice below local and national averages in some areas. For example, 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%. 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- We received 38 comment cards, most of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.
- The practice did not hold a register of carers at the time of the inspection but provided information following the inspection to show that they recorded on their clinical system when a patient was a carer. This showed 10 patients had been coded as carers, which was less than 1% of the practice list.

Are services responsive to people's needs?

Requires improvement

The practice is rated requires improvement for providing responsive services.

- The practice engaged with Redditch and Bromsgrove Clinical Commissioning Group (CCG).

Summary of findings

- The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings.
- The practice was rated below local and national average in many areas relating to appointments and access to the service in the National GP Patient Survey published in July 2016. For example: 79% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national averages of 73%. The practice did not have a plan in place to address these results.
- The practice had a young people's advice zone in the front entrance of the practice with advice leaflets and posters relevant to this age group.
- The practice worked closely with the community diabetic nurse who attended the practice on a monthly basis.
- There was a system to record and investigate formal complaints but verbal complaints were not recorded to determine themes and patterns.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy which was demonstrated in their statement of purpose and highlighted during the practice presentation on the day. Practice staff aimed to develop the knowledge and skills of the current team following a large turnover of both clinical and non-clinical staff.
- Some of the arrangements for identifying, recording and managing risk were effective. However, whilst the practice had a system in place to ensure patients on high risk medicines receive their blood tests in a timely manner, they could not provide evidence that a risk assessment was in place to mitigate the risks associated with continued prescribing of high risk medicines to a patient who did not attend for monitoring and review.
- The provider did not have effective systems to enable them to monitor and assess the quality of services for example they were not able to explain the reason for high exception reporting in a number of areas on the day of the inspection.
- The provider did not have a clear plan in place to use the patient feedback received through the national patient survey to drive improvements in their service.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings.

Summary of findings

- The partners were visible in the practice and staff told us they would take the time to listen to them. However there was not a clear leadership structure.
- The practice proactively sought feedback from staff and patients, which it acted on and had an active virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The practice was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older patients. The practice is rated as requires improvement for providing safe, effective , caring responsive and well led care. The concerns which led to these ratings apply to all population groups including this one.

- The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services, for example, unplanned admissions. The GPs met monthly and unplanned admissions were discussed.
- The practice carried out annual health reviews and comprehensive care plans for those patients with the highest needs. If patients were housebound they were seen at home.
- The practice carried out vaccination campaigns, for example, flu vaccinations.
- The practice was wheelchair accessible and an external assistance bell was available for patients to use if required.
- The practice carried out Abdominal Aortic Aneurysm (AAA) screening clinics annually.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Frail elderly patients were always seen on the same day even if no appointments were available.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe, effective, caring, responsive and well led care. The concerns which led to these ratings apply to all population groups including this one.

- Patients with long term conditions were on a register and invited for annual reviews. All patients with long term conditions had care plans in place.
- Extended appointments were offered to patients with long-term conditions.
- The practice worked closely with the community diabetic nurse who attended the practice on a monthly basis.
- Quality and Outcomes Framework (QOF) 2014/15 performance in relation to long term conditions was in line with local and national averages.

Summary of findings

- We found that there was high exception reporting in some areas which the practice could not explain at the time of the inspection, for example, in relation to diabetes. The practice staff told us they were looking into this issue following our inspection.
- The nurse practitioner specialised in asthma and COPD providing spirometry for diagnosis and monitoring.

Families, children and young people

Requires improvement

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

- The practice's uptake for the cervical screening in the last five years was 81% which was just below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. However the exception reporting in this area was 31% which was significantly higher than the national average of 6%. The practice was not able to offer an explanation as to why the exception reporting in this area was so high.
- There were systems in place to follow up on children who were considered vulnerable including the use of alerts. The child safeguarding register was reviewed with the health visitors regularly. All staff at the practice had received safeguarding training.
- Appointments were available outside of school hours with GPs and nurses and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses. Same day appointments were always provided for children aged five and under.
- Family planning and baby clinics were held at the practice every week and the practice website provided information about a range of relevant topics relating to children and young people.
- Baby changing facilities were available at the practice.
- The practice had a young people's advice zone in the front entrance of the practice with advice leaflets and posters relevant to this age group.
- The baby immunisations were booked at the eight week check to try to maximise immunisation rates. One of the nurses was administering baby immunisations but had not signed the PGDs.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the

Summary of findings

vaccinations given to under two year olds ranged from 72% to 100% compared with the CCG average of 82% to 99% and five year olds from 86% to 94% compared with the CCG average of 94% to 97%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for providing safe, effective, caring, well led and responsive care. The concerns which led to these ratings apply to all population groups including this one.

- Extended hours were available two mornings each week and one evening at the branch surgery.
- The practice offered GP telephone consultations where this was considered appropriate.

Patients could book appointments or order repeat prescriptions online.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing safe, effective, caring, well led and responsive care. The concerns which led to these ratings apply to all population groups including this one.

- All patients with a learning disability were offered an annual health check and longer appointments were allocated. At the time of the inspection the practice had 13 patients on the learning disabilities register and seven of these had a health check in the last year.
- Patients whose first language was not English were supported by interpreters. Staff at the practice were able to speak a number of different languages which reflected the needs of the local population.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff we spoke with were aware of their responsibilities and had all received safeguarding training.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing safe, effective care and for being well led. The concerns which led to these ratings apply to all population groups including this one.

- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 93 %, which was above the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 75%, which was below the national average of 84%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Home visits were arranged as required for patients who were not able to attend the practice.
- Annual mental health reviews were carried out for patients experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with local and national averages in some areas and lower than local and national areas in other areas. 406 forms were sent out and there were 101 responses. This represented a response rate of 25%.

- 73% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 46% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 56% and national average of 59%.
- 71% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 87% and national average 85%.
- 60% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, most of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

We spoke with 16 patients during the inspection (two of whom were members of the PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed to.

Areas for improvement

Action the service MUST take to improve

- Ensure that a comprehensive documented auditable risk assessment is carried out when prescribing high risk medicines to patients who have not attended for blood monitoring and review to demonstrate that the GP has assessed that the risk of stopping the medication would outweigh the effects of continuation.
- Ensure that staff administering vaccinations are working to the relevant PGDs.

Action the service SHOULD take to improve

- Document verbal complaints to identify trends and ensure learning from these.
- Ensure full cycle clinical audits are completed to monitor performance and contribute staff learning.
- Make arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.
- Review areas of exception reporting in the Quality and Outcomes Framework and ensure that patients are monitored and screened appropriately following current guidelines, specifically relating to cervical screening.
- Take more proactive steps to encourage patients to engage in national screening programmes for breast and bowel cancer.
- Take action to review the findings of the national GP patient survey and identify areas for improvement.
- Ensure all patients on the learning disabilities register are given an annual health check.
- Ensure that health promotion information is available for patients.

The Woodrow Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a practice nurse specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

Background to The Woodrow Medical Centre

The Woodrow Medical Centre is in the Worcestershire town of Redditch and has around 4,000 patients. The practice is in an area with high levels of social and economic deprivation.

The practice has a branch surgery called Millstream which we did not visit as part of this inspection, because we had not received any specific concerns about the branch during our discussions with external stakeholders.

The practice has a car park for patients and staff to use.

The practice has two GP partners and two salaried GPs (three male and one female offering patients their preferred choice). The practice has two practice nurses and two healthcare assistants (HCAs). One of the practice nurses was also a partner of the practice.

The clinical team is supported by a practice manager and a team of reception and administrative staff.

The practice has a Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

The Woodrow Medical Centre is a teaching practice providing placements to medical students who have not yet qualified as doctors.

The practice offers a range of minor surgical procedures such as joint injections, cauterisation of warts and verrucas, incision and drainage of cysts and abscesses.

The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open at the following times:

- Monday: 7.30am to 6.00pm
- Tuesday: 7.30am to 6.00pm (the branch surgery is open until 7pm on Tuesdays)
- Wednesday: 8.30am to 5pm
- Thursday: 8.30am to 6pm
- Friday: 8.30am to 6pm

The practice does not provide out of hours services beyond these hours. Patients are provided with information about local out of hours' services provided by Care UK which they can access by using the NHS 111 phone number.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check

Detailed findings

whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

We carried out an announced inspection on 20 July 2016. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, most of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

During the inspection we spoke with 16 patients including two members of the Patient Participation Group (PPG) and a total of ten members of staff including the practice manager, GPs and one of the practice nurses.

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:

- 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)

Requires improvement

Are services safe?

Our findings

During our last inspection in March 2015 we found issues in particular areas such as infection control and recruitment procedures. The provider sent us an action plan of how they intended to address the issues we had identified. They told us the issues would be addressed by May 2015.

Safe track record and learning

- The practice reported and recorded significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff used incident forms and completed these for the attention of the practice manager. Incidents were discussed at practice meetings which took place on a monthly basis and were a rolling item on the agenda.
- Three significant events had been reported in the previous 12 months. The practice complied with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example changes were made following a prescribing error and clinicians were reminded at the next practice meeting to be extra vigilant.

Patient safety alerts were sent to the practice manager by email and circulated to all the relevant staff. We saw evidence that medicine alerts were reviewed by the practice pharmacist and actioned as necessary.

Overview of safety systems and processes

The practice had processes and practices in place which included:

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the GP partners was the safeguarding lead for the practice. All staff had received relevant role specific training on safeguarding. The GPs had received level three children's safeguarding training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children and knew how to share information, record safeguarding concerns. . Contact details for the relevant agencies in working hours and out of normal hours were displayed in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult.
- There was a chaperone policy in place and information to tell patients the service was available was visible in the waiting room, consulting rooms and on the practice website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- When the practice was last inspected in March 2015 we found that there was no infection control lead and the practice were not carrying out infection control audits. This time we observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually. The last one was carried out in May 2016 and we saw examples of actions taken as a result.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B in individual staff files. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.
- When the practice was last inspected in March 2015 we found that although the practice had a written recruitment policy it did not reflect current legislation. This time we found that the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- The practice had a policy and procedures in place for monitoring the use of blank prescriptions. We saw that patients' prescriptions were updated when their medicines changed. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found that one of the practice nurses had not signed the PGDs and was carrying out childhood immunisations. The practice manager has addressed this following the inspection.
- The practice had a system for managing high risk medicines and although the majority of patients had received their blood tests in line with recommended guidelines we found that this was not always the case. For example, one patient who should have received blood tests for a specific high risk medicine within the last three months had not received an appropriate blood test since January 2016. The practice had not carried out a risk assessment prior to issuing their medication without the blood results. This has been rectified following the inspection.

Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had been given to all staff using online training. The practice had carried out a fire risk assessment in November 2015. Actions were identified and implemented. When we last inspected the practice in March 2015 they had not carried out a Legionella risk assessment. This time we found that a Legionella risk assessment was carried in April 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment, and items such as weighing scales and refrigerators.
- On two occasions the fridge temperature had fallen slightly out of range. There was no risk to patients as a result. We noted that actions had not been taken to report these as significant events or to ensure that staff knew what to do in such circumstances. The member of staff who had checked this was a new member of the team. Following the inspection the practice provided evidence of the fridge temperature protocol and also confirmed that the senior receptionist had reviewed the policy on a one to one basis with individual members of the team.
- We saw evidence of calibration of equipment used by staff (this had been done in January 2016). Portable electric appliances were routinely checked and tested. This was last done in January 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was an oxygen cylinder, defibrillator and emergency medicines available to staff which were stored securely.
- The practice had risk assessed the range of emergency medicines in stock to ensure that they covered the range of services carried out by the practice. All staff knew of the location. The expiry dates and stock levels of the medicines were checked and recorded by the nursing team. The GPs did not carry medicines in their bags.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and copies were kept off site with different members of the team. This contained

contact details of all members of staff. The business continuity plan had last been reviewed in the last twelve months. The practice also had a branch surgery which could be used in emergency situations.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurses were able to give a rationale for their approaches to treatment.

- Monthly practice meetings took place for all members of staff.
- We saw evidence of robust care plans for patients.
- Our discussions with the GPs and nurse showed that they were aware of the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE).

Management, monitoring and improving outcomes for people

- The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved 99 % of the total number of points available which was above the CCG average of 97% and above the national average of 95% in 2014/15. Their exception reporting was 16% which was 7% above the national average. The practice staff were unable to explain this during our inspection. They told us they were looking into this issue following our inspection. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 78% which was the same as the national average. However the exception reporting was 33% which was significantly higher than the national average of 12%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was the same as the national average of 84%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 93%, which was above the national average of 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% which was below the national average of 84%.
- The practice had 13 patients on the learning disability register. During the inspection the GP shared examples of health checks carried out in the last year for patients with learning disabilities.

The Diabetes Nurse Specialist visited the practice on a monthly basis to see patients with complex diabetes. The practice also shared an extra initiative they had started to try and raise awareness for diabetes. The Diabetes Interactive Program was going to take place on Friday 19th August. This included a seminar by the Diabetes Nurse Specialist, the Advanced Nurse Practitioner (ANP) and one of the partners, followed by one to one sessions with patients if required.

When the practice was last inspected in November 2014 it was found that they did not have a fully established system for completing clinical audits. Clinical audits demonstrate quality improvement and effective care. The practice shared an example of an audit they carried out to look at the prescribing of a certain medicine to see if this was in line with current guidelines. The practice considered other medicines that would have been more appropriate. This was not a full cycle audit as they have not yet re-audited this. This had only recently been carried out and they planned to re-audit in the next six months.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example one of the practice nurses was an advanced nurse practitioner (ANP). An ANP is a registered nurse who has acquired additional expert knowledge, decision making skills and clinical competencies for extended practice. The nurse practitioner shared examples of recent courses they had undertaken, for example non-medical prescribing, cytology and diabetes.
- The practice supported the nurses by providing regular nursing journals to help them to keep up to date. Nurses also attended study days on a quarterly basis with other nurses in the same CCG. The practice nurse was able to share an example of a change in dose of a certain medicine following recent guidelines.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training.
- There had been a large turnover of staff in the practice and three members of non-clinical staff we spoke with had started in April 2016. They felt supported by the practice manager and partners at the practice. The practice staff covered for each other. The senior partner now did one session per week and was therefore able to cover when others needed to take leave.

Coordinating patient care and information sharing

- The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.
- The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X- rays were requested and the results were received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP called patients who were on the unplanned admissions register soon after discharge from hospital and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors.

Consent to care and treatment

- Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- There was no health promotion information available in the practice waiting room. The practice manager acknowledged that health promotion information should be available and had plans to update the notices in the waiting room to include health promotion information.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was in line with the national average of 82%.However the exception reporting in this area was 31% which was significantly higher than the national average of 6%. The practice staff were unable to explain this during our inspection. They told us they were looking into this issue following our inspection.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. One of the GP partners told us that they had attended a mosque in the last year to emphasise the importance of cervical screening.
- The practice also carried out NHS health checks for patients aged 40-74 years. 93 health checks were carried out in the last year. In order to try and improve uptake the practice has recently employed a new healthcare assistant.

The uptake of national screening programmes was below local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 62% which was similar to the CCG average of 63% but below the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 36% which was below the CCG average of 46% and national average of 58%
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For

Requires improvement

Are services effective?

(for example, treatment is effective)

example, for the vaccinations given to under two year olds ranged from 72% to 100% compared with the CCG average of 82% to 99% and five year olds from 86% to 94% compared with the CCG average of 94% to 97%.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were professional, attentive and helpful to patients both attending at the reception desk and on the telephone.

- Reception staff demonstrated a personal knowledge of patients in some cases.
- We saw that patients were treated with dignity and respect.
- Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff shared an example of a patient who wanted to talk in private about a sensitive issue.

We received 38 comment cards, most of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

We spoke with 16 patients during the inspection (two of whom were members of the Patient Participation Group). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were happy with the care they received.

They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the last GP they saw gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 79% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

If patients did not speak English as their first language they usually brought a family member to translate for them. Staff at the practice told us that an interpreting service was also available when required. The practice nurse spoke five different languages and was able to help patients with interpreting when required.

Results from the National GP Patient Survey published in July 2016 showed variable responses to questions about patients' involvement in planning and making decisions about their care and treatment. Results were slightly below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 83% and national average 82%.

Requires improvement

Are services caring?

- 86% of patients 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%.

Patient/carer support to cope emotionally with care and treatment

- Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. The practice did not have any notices in the patient waiting room to sign post patients to carers' organisations or bereavement organisations. The practice manager explained that previously there were too many notices in reception and that the area was going to be redeveloped.
- At the time of the inspection we were informed that the practice did not have a register of carers. Following the inspection the practice sent a list of ten patients who were carers. This was less than 1% of the practice list.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and sent them a bereavement card. This was then followed up by a call or consultation as required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with a learning disability. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available.
- A daily phlebotomy (blood taking) service was provided.
- The practice offered GP telephone consultations where this was considered appropriate.
- Patients could book appointments or order repeat prescriptions online.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Postnatal checks were carried out in the practice.
- The practice carried out Abdominal Aortic Aneurysm (AAA) screening clinics annually.
- The nurse practitioner specialised in asthma and COPD providing spirometry for diagnosis and monitoring.
- The practice had a young people's advice zone in the front entrance of the practice with advice leaflets and posters relevant to this age group.
- The practice worked closely with the community diabetic nurse who attended the practice on a monthly basis. Diabetic information leaflets were also available in Urdu and Bengali.

Access to the service

The practice was open at the following times:

- Monday: 7.30am to 6.00pm
- Tuesday: 7.30am to 6.00pm
- Wednesday: 8.30am to 5pm
- Thursday: 8.30am to 6pm
- Friday: 8.30am to 6pm

Appointments were available during these hours. Urgent appointments were available on the same day. The practice provided extended hours from 7.30am on Monday and Tuesday morning and until 7pm at the branch surgery on Tuesdays. Care UK provided cover when the practice was closed. Between 8am and 8.30am the duty doctor answered calls on a mobile phone that was diverted to them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 73% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national averages of 73%.
- 71% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

The practice did not have any plans in place to improve patient survey results.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at two formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We saw evidence that the complaints were discussed at the practice meeting and lessons were learned. Staff we spoke with on the day informed us that verbal complaints were dealt with as they

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

were raised and defused in order to prevent them escalating to a formal complaint. We did not see any documentation to highlight the verbal complaints raised or an analysis of any trends arising.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

We spoke with two GP partners on the day of the inspection and the nurse practitioner who was also a partner of the practice. Other than the senior partner and nurse practitioner the team were quite new and developing due to a high turnover of staff. The practice manager had been with the practice for three months prior to the inspection. There had also been a turnover of non-clinical staff at the practice. From our discussions with staff on the day the main aim was to develop the knowledge and skills of the current team. The practice had a vision and strategy which was demonstrated in their statement of purpose and highlighted during the practice presentation on the day.

Governance arrangements

- The practice had a number of policies and procedures in place to govern activity.
- Not all systems for identifying, recording and managing risk were effective and this placed patients at risk. For example, the practice did not carry out a risk assessment when making the decision to prescribe a high risk medicine in the absence of a blood test. They had also not ensured vaccinations were authorised properly.The systems to enable the provider to assess and monitor the quality of the service were not effective. For example practice staff were unaware of and could not account for high exception reporting in some areas on the day of our inspection.
- The practice had not carried out full cycle clinical audits to improve outcomes for patients.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.
- The practice held monthly team meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. Staff told us the partners were approachable and always took the time to listen. We noted that there had been a high turnover of staff but the staff currently at the practice felt supported by the practice manager and GPs. There was not a clear leadership structure.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example the lead receptionist was developing in to the Patient Liaison Officer role. The salaried GP we spoke with on the day of the inspection was complimentary about the support that they had received from the partners at the practice.

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The results from the national patient survey indicated that the practice were performing below CCG and national averages in a number of areas, but the providers did not have clear plans in place to use this feedback to improve services.

There was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with two members of the PPG during the inspection, who told us that the practice valued their opinions.

The practice worked closely with the PPG who had made several recommendations which the practice had implemented. For example, they had made suggestions about transferring the practice phone lines from a high cost number to a local number. This was implemented by the practice. They also suggested that text reminders could be introduced to remind patients about their appointments. This was introduced by the practice.

Are services well-led?

Requires improvement

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

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

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Safe Care and Treatment** During the inspection we found that a practice nurse was administering child immunisations but had not signed the PGDs. The practice could not demonstrate a recorded comprehensive risk assessment had been carried out when making the decision to prescribe a high risk medicine in the absence of recommended monitoring and blood test. This was in breach of Regulation 12 (2) (a)(g)