

# Drs Williams, Lamb & Johal

## Quality Report

Russell House Surgery, Bakers Way  
Codsall, Wolverhampton, WV8 1HD  
Tel: 01902 842488  
Website: [www.russellhousesurgery.nhs.uk](http://www.russellhousesurgery.nhs.uk)

Date of inspection visit: 15 August 2016  
Date of publication: 30/09/2016

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Drs Williams, Lamb & Johal	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Williams, Lamb and Johal (Russell House Surgery) on 15 August 2016. Overall the practice is rated as Good.

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

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded and reviewed but subsequent actions were not always seen to have been agreed and completed.
- Risks to patients and staff were assessed and the health and safety systems were generally well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff had received training appropriate to their roles but some staff were unaware of the Mental Capacity Act.
- Patients spoke of a personal service and the national GP patient survey scored the practice in line with local and national averages for questions relating to care.
- Information about services and how to complain was available and easy to understand. Written complaints were well managed but verbal complaints were not logged or reviewed.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day. However patient feedback consistently highlighted a problem with telephone access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- Education and shared learning were evident but there was no systematic process to monitor outcomes.

# Summary of findings

There were areas of practice where the provider should make improvements:

- Implement an effective patient recall system that offers annual health checks to patients with learning disabilities.
- Ensure that risks identified from significant events and incidents are well managed and ensure that record keeping reflects actions in place to mitigate risk.
- Complete health screening on new staff to identify underlying conditions that may affect their capacity and/or require adaptations to their working environment.
- Ensure there are adequate arrangements in place to access, manage and monitor emergency medicines including emergency medicines kept in GPs' bags.
- Review the training programme to ensure that staff gain the appropriate knowledge from courses completed.
- Consider how confidentiality of conversations taking place at the reception desk could be improved.
- Continue to identify carers and ensure that carers provided further support where needed in a variety of hard copy, electronic and accessible formats.
- Monitor themes from verbal and written complaints to identify further areas for improvement and maximise opportunities to share learning.
- Consider and explore ways of how to improve patient satisfaction in relation to telephone access and opening hours.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Lessons were shared but there was no robust system to ensure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse. There were nominated safeguarding leads for adults and children.
- The practice had well maintained facilities and equipment. Regular infection prevention control audits were carried out and actions identified had been completed or planned.
- A review of personnel files evidenced that most checks on staff had been completed. However, no health screening was carried out on new members of staff to identify any medical condition that may affect their capacity and/or require adaptations to their working environment
- There was a comprehensive training programme for staff. However, when asked some staff expressed a preference to face to face training rather than e-learning.
- Risks to patients and staff were assessed and regularly reviewed. There was a risk log that listed identified hazards. A recent fire risk assessment and regular fire evacuation drills had been completed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality Outcomes Framework (QOF) showed that the practice performed above the national average. Exception rates were slightly lower than local and national averages.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had a register of 17 patients with learning difficulties but had not carried out any annual health checks in the preceding 12 months.
- There was a programme of clinical audits and planned cycles to monitor quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However not all non-clinical staff were able to demonstrate an understanding of the Mental Capacity Act.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.
- The practice achieved uptake rates for child immunisation similar to local and national averages.
- The uptake rates for health screening were generally higher than local and national averages.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed that patients rated the practice similar to local and national averages for indicators relating to aspects of care.
- Patients spoke positively about the service provided by the whole team at the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect. Confidentiality was maintained with the exception of the reception desk where conversations could be overheard.
- Home visits were provided for patients that were unable to attend the practice.
- The practice held a carers' register and had systems in place which highlighted to staff patients who also acted as carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they could get an urgent appointment on the same day. Same day appointments were available for children and those with serious medical conditions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. The practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders. However verbal complaints were not recorded nor reviewed to identify any issues or themes.
- The practice showed an awareness of health problems specific to the local population.

# Summary of findings

- Patient feedback was actively sought and acted on. The feedback we viewed from patients and was positive about the services and care provided. There was an established patient participation group that actively engaged with the practice to maintain and improve patient experience.
- The patient feedback consistently highlighted difficulties in contacting the practice by telephone. We saw evidence of discussion with the patient group and agreed actions had been planned to address this problem.

## Are services well-led?

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

- There was a vision and strategy to deliver patient centred care and promote equality.
- The practice was aware of and had identified current and future challenges. There were action plans in place to address them.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. All staff were aware of how to access these documents.
- The governance framework generally supported the delivery of the strategy and good quality care. Clinical audits were undertaken to monitor and improve the quality of care provided but not all risks identified were mitigated.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice manager encouraged a culture of openness, honesty and learning.
- The practice had systems in place for knowing about notifiable safety incidents. However there was evidence that the process did not include any follow up action from learning outcomes.
- The GP partners and the management team were mostly aware of the practice performance and the specific requirements of their patients. There were two exceptions: the lack of annual health checks on patients with learning disabilities and the high exception rate for patients with dementia.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice had a higher than average number of patients over the age of 65. All patients over 75 years of age had a named GP. All admissions were reviewed on notification of discharge from hospital. Patients identified as being at risk of hospital admission, which included those that resided in nursing and care homes, had a written care plan. Practice staff had regular communication with the community team and met formally on a monthly basis. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services, for example, pneumonia and shingles vaccinations. In 2014/15, 100% of eligible patients had been invited to attend the practice for these vaccinations, 78% had the vaccination and 12% were recorded as having declined. The practice was responsive to the needs of older people and offered home visits and longer appointments as required.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had a robust recall system that invited patients for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics. We saw that nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice held a list of patients who required palliative care. A GP partner acted as the palliative care lead and the gold standards framework (GSF) was used for the coordination of end of life care. GSF is a framework to improve the quality, coordination and organisation of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. It was practice policy to prioritise access to children. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Children who had not attended appointments were followed up, and where non-attendance

Good



# Summary of findings

continued, the GP child safeguarding lead was informed. Appointments were available outside of school hours and the premises were suitable for children and babies. There was screening and vaccination programmes in place for children, and the practice indicators were comparable with the local Clinical Commissioning Group averages. The practice worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking of GP appointments and access to health medical records. The practice offered an email query facility and opened on Saturday mornings prior to the winter months to offer immunisation against flu. Patients aged 40 to 74 years old were offered a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

**Good**



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients. The practice had facilities suitable for disabled patients. The practice had identified and supported patients who were also carers.

The practice identified patients with a learning disability and had developed individual care plans for each patient. The practice had a register of 17 patients with learning disabilities but had not sent invites or completed annual health checks on any of the patients in the 12 months from April 2015 to March 2016. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse

**Good**





# Summary of findings

in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments and staff had received training to be dementia friends. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. GPs carried out advance care planning for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs. Staff had received on line training for the Mental Capacity Act but not all could explain the principles.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

**Good**



# Summary of findings

## What people who use the service say

We spoke with four patients on the day and collected 33 Care Quality Commission (CQC) comment cards. The comments from patients highlighted a high level of patient satisfaction, in particular the treatment and care provided. Comments from patients were very positive about the practice staff and spoke of a friendly and caring service. Two negative comments from patients mentioned that access by telephone was a problem.

The national GP patient survey results last published in July 2016 evidenced above average levels of patient satisfaction. The practice performance was higher than local and national averages. For example:

- 93% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 92%.
- 76% of respondents described their experience of making an appointment as good compared with the CCG average of 74% and national average of 73%.
- 87% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 82% and national average of 78%.

However the patient survey highlighted that patients experienced difficulty accessing the practice by telephone:

- 59% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 70% and national average of 73%.

There were 216 surveys sent out and 129 sent back, this was a response rate of 60% (equivalent to 1.9% of the practice population).

## Areas for improvement

### Action the service **SHOULD** take to improve

There were areas of practice where the provider should make improvements:

- Implement an effective patient recall system that offers annual health checks to patients with learning disabilities.
- Ensure that risks identified from significant events and incidents are well managed and ensure that record keeping reflects actions in place to mitigate risk.
- Complete health screening on new staff to identify underlying conditions that may affect their capacity and/or require adaptations to their working environment.
- Ensure there are adequate arrangements in place to access, manage and monitor emergency medicines including emergency medicines kept in GPs' bags.
- Review the training programme to ensure that staff gain the appropriate knowledge from courses completed.
- Consider how confidentiality of conversations taking place at the reception desk could be improved.
- Continue to identify carers and ensure that carers provided further support where needed in a variety of hard copy, electronic and accessible formats.
- Monitor themes from verbal and written complaints to identify further areas for improvement and maximise opportunities to share learning.
- Consider and explore ways of how to improve patient satisfaction in relation to telephone access and opening hours.

# Drs Williams, Lamb & Johal

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and the team included a GP specialist advisor.

## Background to Drs Williams, Lamb & Johal

Drs Williams, Lamb and Johal (Russell House Surgery) is located in the village of Codsall on the outskirts of Wolverhampton. Codsall is a large village of approximately 8000 residents and the practice belongs to the South East Staffordshire and Seisdon Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide a number of Directed Enhanced Services, for example they offer minor surgery and the childhood vaccinations and immunisation scheme.

The practice was established in the 1970s and moved into its current premises in the 1980s. The practice is registered as a partnership of three GP partners. The building is owned by the partners and has been converted from its previous use as a residential dwelling. Consultation and treatment rooms are all on the ground floor. There is a second floor used for administration staff and staff room/kitchen.

The practice has a list size of 6,800 patients. The population distribution shows a higher percentage of patients over the age of 65 (the practice has 28.6% of its patients over the

age of 65 compared to the national average of 17.1%). The area is one of low deprivation, low employment and the ethnicity is predominantly White British. Life expectancy levels for the patients are above the national averages.

The three full time GPs are assisted by a clinical team consisting of three practice nurses (working a combined total of sessions equivalent to 1.5 whole time equivalent) and a healthcare assistant. The administration team consists of a practice manager, an assistant practice manager a medical secretary, a senior receptionist and eight administration/reception staff. The practice has been in the process of recruiting an additional GP.

The practice is open from 8am to 6.30pm, Monday to Friday with the exception of a Wednesday when the practice closes at 1pm. Consulting times in the morning are from 8.30am to 11.30am each day and in the afternoon from 2pm to 5.30pm each day with the exception of a Wednesday when the practice is closed. The practice does not offer any extended hours (except for some Saturday morning clinics prior to the winter months dedicated to providing patients with the flu immunisation). When the practice is closed, patients are advised to call the 111 service or 999 in the case of an emergency. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Primecare. The nearest hospital with an A&E unit and a walk in service is New Cross Hospital, Wolverhampton.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned

# Detailed findings

inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 15 August 2016.

We spoke with a range of staff including GPs, nurses, practice manager and administration staff during our visit. We spoke with patients on the day and sought their views through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published in July 2016.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. There had been 12 events recorded in the preceding 12 months. We saw records of a summary of the events which demonstrated that they were discussed in practice meetings. However evidence of changes or actions following an event were not seen to have been completed. The practice manager coordinated significant events and any incidents were recorded on a form available on the practice's computer system.

We looked at two events in detail:

- The first was an incident from a complaint about a delay in sending an insurance report. The investigation highlighted inconsistencies in the process followed by GPs when responding to report requests. However there was no documented action as an outcome or evidence of monitoring future report requests.
- The second incident raised by a GP related to workload. The matter was discussed and changes to the management of appointment requests were proposed. However, when asked, staff could not explain what changes had been made.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. A recent alert had initiated a system of formally recording alerts and actions taken. We looked at three alerts sent from the Medicines and Healthcare Products Regulatory Agency (MHRA). All had been acted on immediately, for example; an alert was sent to warn against the prioritising of home visits. This was discussed at a practice meeting and a new protocol implemented and made available to all staff.

When there were unintended or unexpected safety incidents the practice evidenced an effective system for recording, reviewing and learning. Information was shared with staff if they were unable to attend the meeting. A culture to encourage Duty of Candour was evident. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong

with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurse practitioners had attended level three training in safeguarding. One of the GP partners was the appointed safeguarding lead for adults and children within the practice. The lead demonstrated awareness of patients on their safeguarding registers and had the knowledge and experience to fulfil this role. Administration staff had completed e-learning training courses in safeguarding adults and children. Safeguarding was discussed at partner's meetings (held fortnightly) and at the monthly clinical meetings. There was no formal meeting held with the health visitor to discuss vulnerable children but staff told us that they would be contacted at the time of a safeguarding concern.
- Notices in reception and in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had been DBS checked. There was a chaperone policy and training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

# Are services safe?

recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.

- Prescription stationary, including prescription pads and forms for use in computers were stored securely and there was a robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were in place for the healthcare assistant who administered influenza, Vitamin B12, pneumonia and shingles vaccinations.
- We reviewed five personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring (DBS) checks (when appropriate) and written references, immunisations, professional registration. An induction programme was in place and had been completed by recently employed staff. 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. However there was no health screening of staff prior to employment to identify any underlying conditions that may impact their capacity to work.

## Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training that included fire safety. Fire evacuation drills were carried out twice annually and the last one had been completed in June 2016. A fire risk assessment had been completed and was reviewed annually. The fire alarms and emergency lighting was tested regularly.
- The practice manager was the lead for health and safety and had received role specific training.

- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually. Hard wire testing had been completed within the last five years.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had been unsuccessful in recruiting a GP replacement but used locums or worked extra hours to provide cover.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention and control (IPC) audits were last undertaken in February 2016. Actions identified had been completed or planned.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks were carried out.
- Risk assessments had been completed and there was a written risk log. This was updated every year.

## Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system; a panic button was a feature of the clinical software system.
- All staff had received update training in basic life support in line with the mandatory timescales.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available. However the medicines were not all stored in the same place and this could cause a delay in administering emergency treatment.
- GPs carried medicines in their bags but there was no robust system in place to check these. All medicines were found to be in date but there was no system in place to monitor them.

## Are services safe?

- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the GP partners and the practice manager.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- NICE guidelines were discussed at clinical meetings and we saw records of minutes in place to support this.

The practice had a register of 17 patients with learning disabilities. There was no formal process to complete annual reviews, and although we saw that all but one of the patients on the register had been seen in the last 12 months, no reviews had been completed between April 2015 and March 2016.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed:

- The practice achieved 97% of the total number of points available in 2014/15. This was higher than the CCG average of 93% and the national average of 95%.
- Clinical exception reporting was 8%. This was lower than both the CCG average of 10% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was exempted.
- The practice had a system to identify and follow through urgent referrals for cancer screening.

There was a protocol that required the administration team to refer the patient to the clinician responsible for their care if they had not attended the practice after three appointment invites. Administration staff only excepted patients from QOF statistics with written consent or when the patient had declined.

There had been six audits in the last year (clinical and administrative). The practice had recently implemented a programme of clinical audits and repeated cycles were planned. For example, the practice had completed an audit on urgent referrals for each GP. The results showed that all referrals had been tracked and patients had been seen within the target timescales. The audit programme planned to repeat this audit annually. A second audit reviewed patient notes following a home visit. The audit found that 20 of 134 visits in a single month had not been written onto the patient notes. This was raised as a significant event.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Internal audits had been completed on cancer referrals and a significant event had been recorded as a direct result.

Ante-natal care by community midwives was provided at the practice on an appointment basis.

### Effective staffing

Staff generally had the skills, knowledge and experience to deliver effective care and treatment but some of the on line training had not provided staff with the appropriate knowledge.

- The GPs and nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house. The clinical team appointed leads on long term conditions, for example diabetes.
- GPs had additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as information governance, end of life care and dementia awareness. However some staff expressed a preference to face to face training and some non-clinical staff had completed an e-learning course but were unable to describe the principles of the Mental Capacity Act.
- Staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. Time was set aside for protected learning.



# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were provided for all patients who had care plans.
- The practice team held monthly meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. Hospital attendances, hospital discharges and out of hours reports were reviewed and any trends identified were reported to the clinicians.
- The practice participated in an initiative to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually. The practice had included two per cent of their most vulnerable patients.

The data from the Health and Social Care Information Centre (HSCIC) showed that the rates of emergency admissions for 19 ambulatory care sensitive conditions (where the admission may make emergency admissions avoidable) were similar to local and national averages, 14.8 admissions per 1000 patients compare to the local CCG average of 14.9 and national average of 14.6 admissions per 1000 patients. The Choose Well campaign was promoted in the patient waiting area and an urgent care dashboard was used to monitor patient activity in the emergency departments of secondary care. The Choose Well campaign was a national project to educate patients on the range of services available to them when requiring urgent care.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and

screening for alcohol misuse with onward referral to the local alcohol misuse service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every month included attendance by district nurses, community matron, social services and the healthcare visitor.

## Consent to care and treatment

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

- Staff had received training in the Mental Capacity Act 2005 but when asked were not clear on the relevant consent and decision-making requirements of the legislation and guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

## Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment. Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns or health risks identified were followed up in a consultation with a GP.
- Travel vaccinations (including yellow fever) and foreign travel advice were offered to patients.

# Are services effective?

(for example, treatment is effective)

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes similar to or above both local and national averages.

- The practice's uptake for the cervical screening programme was 80% which was similar to the CCG average of 81% and the national average of 82%.
- 77% of eligible females aged 50-70 attended screening to detect breast cancer. This was higher than both the CCG average of 73% and national average of 72%.

- 64% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 62% and the national average of 58%.

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates for each age group were similar when compared to local and national averages. For example the uptake of vaccinations for children aged five ranged between 90% and 100%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect. However telephone calls responded to at the reception desk did not always provide confidentiality from the waiting area. The practice were aware and staff told us that they took care to not relay specific patient details when on the telephone at the front reception desk.

We spoke with four patients during the inspection and collected 33 Care Quality Commission (CQC) comment cards. Feedback was generally positive about the service but four patients commented that they had experienced difficulties with the appointment system. Patients said the practice said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. There was no sign at the reception desk that advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016. The survey invited 216 patients to submit their views on the practice, a total of 129 forms were returned. This gave a response rate of 60%.

The results from the GP national patient survey showed patients satisfaction with how they were treated by the GPs and nurses. The practice had satisfaction rates similar to local and national averages. For example:

- 91% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) and national average, both 87%.

- 91% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 84% said they found the receptionists at the surgery helpful compared to the CCG average of 88% and national average of 87%.

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

The GP patient survey information we reviewed showed patient satisfaction was similar to CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in July 2016 showed:

- 79% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average and national average, both 86%.
- 84% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average national average, both 85%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Comments we received from patients on the day of inspection were positive about their own involvement in their care and treatment.

### Patient/carers support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carers' register that numbered 76 patients (1.1% of the practice population). Information available in the practice waiting area included leaflets for local support services but there was no information for carers available on the practice website. This information was sent out as part of a carer's pack posted out to patients when registering as a carer. The practice invited the Carer's Association to attend and promote their services to patients during flu clinics.

## Are services caring?

The practice recorded information about carers and subject to a patient's agreement; a carer could receive information and discuss issues with staff. There was an alert on the system to identify patients who also acted as carers.

If a patient experienced bereavement, an alert was added to the electronic record of any immediate family members who were registered patients with the practice. The practice had a notice board behind the reception desk to notify staff members of any deaths.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The building was two storey with all treatment rooms on the ground floor.
- The facilities were suitable for disabled patients.
- Translation services were available for patients through a pre-bookable service provided by the CCG.
- Baby changing facilities were available and well signposted.
- The practice produced a quarterly newsletter in conjunction with the PPG that contained information such as patient survey results and the breast screening service. The newsletter was used to communicate feedback from the practice, for example; the misuse of home visits and the number of patients not attending their appointment. The newsletter promoted services available to patients, for example, the electronic services available and the Saturday flu immunisation clinics.

### Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday with the exception of a Wednesday when the practice closed at 1pm. Consulting times in the morning were from 8am to 11.30am each day and in the afternoon from 2pm to 5.30pm each day with the exception of a Wednesday when there was no afternoon surgery. When the practice was closed, patients were advised to hang up and redial the Primecare out of hours service on a Wednesday afternoon, the NHS 111 service for when the practice closed between 6.30pm and 8am or 999 for life threatening emergencies. The practice had opted out of

providing an out of hours service choosing instead to use a third party provider, Primecare. The nearest hospital with an A&E unit and a walk in service was New Cross Hospital, Wolverhampton.

Pre-bookable appointments with a GP or nurse could be booked up to six weeks in advance for a GP and up to eight weeks for a nurse. Same day urgent appointments were offered each day and the practice offered telephone consultations with the GP each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. We saw that there were bookable appointments available with GPs the next day and with nurses within two days. We saw that urgent appointments were available on the day of inspection.

Results from the national GP patient survey published in January 2016 highlighted patient satisfaction relating to securing an appointment were similar to local and national averages. For example:

- 90% of patients were able to secure an appointment the last time they tried compared to the CCG average and national average, both 85%.
- 93% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.

However the survey highlighted that patient satisfaction with opening hours and telephone access was below local and national averages:

- 59% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 70% and national average of 73%.
- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

This was supported by patients' comment on the day of inspection. Patients spoke very positively about same day access to appointments but there were a number of negative comments about contacting the practice by telephone. The practice planned to introduce more telephone lines and arrange for members of staff to answer the phone at peak times. There was no plan to extend the opening hours as the practice explained that the process to recruit a new GP (replacing a retired partner) had not been successful and the current GPs were working additional hours to cover the shortfall in clinical sessions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible staff member who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a practice leaflet and on the website.

The practice had received 10 complaints in the last 12 months. Written complaints were investigated and

responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided apologies to patients both verbally and in writing. Two of the 10 complaints were from patients unhappy with the phlebotomy service provided at the local hospital. Three of the complaints were from patients unhappy with the appointment system. When appropriate, the complaint had resulted in a significant event being recorded and reviewed. However there was no log of verbal complaints and when we spoke with staff, examples were given of when verbal complaints had been relayed but not recorded.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a mission statement and a set of written values. These detailed a strategy to achieve patient centred and evidence based care. The values included respecting patients views and ensure equality is maintained without prejudice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with demonstrated an awareness of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies were implemented and reviewed regularly. These were available to all staff and were based on nationally recognised guidelines and regulation.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The programme had recently been implemented and second cycles were planned to provide ongoing monitoring.

However the governance arrangements did not always ensure that identified risks and issues were mitigated. For example;

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the systems were not robust, for example, the learning outcomes from significant events were not always implemented.
- One investigation into a significant event highlighted that 15% of home visits in a single month had not been transferred onto the clinical system. There had been no investigation into why this had occurred and how it would be prevented in the future.
- An understanding of the performance of the practice was maintained. There were a number of exceptions; for example; the practice was not aware that no annual

health checks had been completed on patients with learning disabilities in the preceding 12 months and the practice could not explain the high exception rate for patients with dementia.

### Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners and practice manager partner were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, feedback and a verbal and written apology.
- The practice did not monitor themes from all complaints, such as complaints made verbally as well as written correspondence.

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

- The practice had a regular programme of practice meetings. These included a full practice meeting held quarterly.
- Agendas produced in advance and minutes produced from each meeting were circulated to relevant staff members.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

The practice was engaged with patients and reviewed the results of the GP Patient Survey published in July 2016. There was an established Patient Participation Group (PPG) that met regularly (every six to eight weeks) with GPs and

# Are services well-led?

Good 

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

the practice manager. We met with members of the group on the day of inspection and received very positive comments on how the practice listened and responded to patient feedback.

The PPG had raised a number of issues with the practice and told us that action had been taken as a result. For example, the PPG led on a campaign to have the mobile breast screening unit returned to the village. The PPG produced a quarterly newsletter and kept other patients informed through a dedicated notice board located in the waiting area. A patient survey had been designed and promoted by the PPG. The results of 335 questionnaires (completed from February 1st 2016 for a period of 12

weeks) were summarised and together with a selection of comments. The survey results supported the national GP patient survey in highlighting that telephone access was a problem (70% said they had experienced difficulty when contacting the surgery by telephone). However, in contrast to the national GP patient survey, results from the internal patient questionnaire highlighted that patients were generally happy with the practice opening times (78% of respondents said that the surgery opening times were convenient). The practice had formulated an action plan in conjunction with the PPG in response to the internal survey. Actions planned included a review of the telephone system and an upgrade to the practice website.