

Queslett Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queslett Medical Centre on 19 September 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, incident records did not demonstrate where learning opportunities had been maximised.
- Risks to patients were assessed and well managed.
- The practice provided strong evidence of their approach to safeguarding, including proactive training, active identification and management of issues such as domestic abuse and Female Genital Mutilation.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Results from the national GP patient survey published in July 2016 showed that the practice was above average for its satisfaction scores on consultations with GPs and how they could access care and treatment. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment when they needed one, with urgent appointments available the same day.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. In most areas, the governance structures and procedures reflected best practice. However, there were areas where the arrangements were not as thorough. For example, the practice did not establish an effective system which evidenced appropriate actions taken following the receipt of safety alerts.

The areas where the provider must make improvement are:

- Establish a systematic approach when acting on patient safety alerts such as Medicines and Healthcare products Regulatory Agency (MHRA).

The areas where the provider should make improvement are:

- Review the incident reporting process to ensure learning outcomes are maximised.
- Continue to consider ways of encouraging the uptake of national screening programmes such as cervical, bowel and breast cancer.

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?

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Lessons learned from incidents and significant events were shared via clinical meetings to ensure actions were taken to improve safety in the practice. However, completed incident forms viewed during the inspection showed that opportunities to maximise learning had not been fully explored.
- The practice did not establish an effective system to ensure staff who were absent from clinical meetings received appropriate information regarding outcomes and actions.
- Systems for reporting ensured that when things went wrong patients were informed of the incident and provided with an apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of the management of incoming safety alerts. For example, the practice did not establish an effective system which evidenced sharing of incoming Medicines and Healthcare products Regulatory Agency (MHRA) alerts with locums or where appropriate actions had been taken.

Requires improvement



Are services effective?

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had identified areas for service improvement and were able to demonstrate improvements made through the use of clinical audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff understood the relevant consent and decision-making requirements of legislation.

Good



Summary of findings

Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, the practice scored above average for its satisfaction scores on consultations with GPs.
- Patients we spoke to as part of the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Care Quality Commission comment cards received also aligned to these views.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



- Patients were able to access appointments and services in a way and time that suited them. There were longer appointments available for vulnerable patients, those with a learning disability, carers and patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. Same day emergency contraception appointments were available.
- Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment varied. For example, some results were above and some below local and national averages.
- Patients said they found it easy to make an appointment when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good



- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. In most areas, the governance structures and procedures reflected best practice such as safeguarding protocols and a program of regular audits.

Summary of findings

- However, in other areas the arrangements were not as thorough. For example, the practice did not always maximise learning opportunities from significant events. The systems for sharing and taking action following the receipt of patient safety alerts were not effective.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients with the resources available. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for reporting notifiable safety incidents and ensured this information was shared with staff with the exception of locums.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice participated in the development of local pilot schemes to improve outcomes for patients within the area.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had access to a named GP.
- The practice was responsive to the needs of older people, and offered home visits, same day telephone consultation, early prescription requests and urgent appointments for those with enhanced needs.
- Clinical staff had had received medicines poly-pharmacy training.
- The practice had a designated lead responsible for working with relevant associated health professionals to deliver a multidisciplinary package of care to meet of this population group.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK.
- The practice routinely discussed any unplanned admissions including those from care homes to ensure their care needs were being appropriately met.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example 82% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception reporting rate of 19%, compared to CCG average of 9% and national average of 12%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 98%, compared to CCG and national average of 94%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and nurse consultations.
- The practice pro-actively identified patients at risk and carried out pre-diabetic checks. Identified patients were referred to a range of services such as health exchange and Be Active exercise programme.

Families, children and young people

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable for all standard childhood immunisations for children under two; with the exception of children aged five years where results were below CCG and national averages for some immunisations. For example, Infant Men C for five year olds was 57% compared to CCG average of 75% and national average of 83%.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast-feeding. Information for expectant mothers regarding early antenatal care were available and the practice promoted the uptake of flu and pertussis (Whooping Cough) vaccinations.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme (2014/15) was 73%, which was below the CCG average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a confidential contraception service for young people.
- The practice developed their safeguarding protocol to include Identification and Referral to Improve Safety (IRIS) referral pathway for patients at experiencing or at risk of domestic violence.

Good



Summary of findings

Working age people (including those recently retired and students)

- The uptake rates for national screening programmes such as breast and bowel screening were below local and national averages. The practice did not have an effective process in place to improve uptake for this population group.
- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a late clinic on Mondays from 6.30pm to 7pm these were specifically aimed at patients who were unable to attend during normal practice hours.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the national GP patient survey indicates that the practice were above the local and national averages for phone access however below average for opening hours.
- The practice were involved in a Clinical Commissioning Group (CCG) pilot to develop a Hub model aimed at improving services and patient access within the area.

Requires improvement



People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD). Data provided by the practice showed that all patients with a LD had a care plan, medicine and face-to-face review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 1.5% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

Good



- Nationally reported data for 2014/15 showed 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months. This was above the local and national average, with a 0% exception reporting rate.
- Nationally reported data for 2014/15 showed 100% of patients on the practice's mental health register had a comprehensive, agreed care plan documented in the preceding 12 months. This was above the CCG and national average, with an 8% exception reporting rate compared to CCG average of 5% and national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as Birmingham healthy Minds and Forward Thinking Birmingham.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and there was a designated lead responsible for this population group.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages. 318 survey forms were distributed and 113 were returned. This represented a 36% completion rate.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mainly positive about the standard of care received. Staff were described as professional, helpful, polite; patients felt listened too and respected. However, there were four less favourable comments received related to difficulties getting an appointment.

We spoke with five patients during the inspection (including two members of the practice's patient participation group). Patients said they were satisfied with the care received and that they were treated with dignity and respect.

Patients had rated the practice five out of five stars on the NHS Choices website.

Areas for improvement

Action the service **MUST** take to improve

- Establish a systematic approach when acting on patient safety alerts such as Medicines and Healthcare products Regulatory Agency (MHRA).

Action the service **SHOULD** take to improve

- Review the incident reporting process to ensure learning outcomes are maximised.
- Continue to consider ways of encouraging the uptake of national screening programmes such as cervical, bowel and breast cancer.

Queslett Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector. The team included a GP specialist adviser.

Background to Queslett Medical Centre

Queslett Medical Centre is located in Great Barr West Midlands situated in a purpose built single level building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Queslett Medical Centre are comparable to the national average, ranked at six out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between 20 to 34 and 45 to 94, below average for ages five to 19 and 35 to 44.

The patient list is approximately 1,360 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Service (GMS) contract with NHS England. GMS is a contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Parking is available for cyclists and patients who display a disabled blue badge. The surgery has manual operated entrance doors, step free access and is accessible to patients using a wheelchair.

The practice staffing comprises of one male and one female GP partner, one Practice Nurse, one health care assistant, one practice manager and two administrators.

The practice is open between 9.30am to 1pm and 4.30pm to 7pm on Mondays, 9.30am to 1pm and 4.30pm to 6.30pm Tuesdays, Thursdays and Fridays. Wednesday opening hours are from 9.30am to 1pm.

GP consulting hours are from 9.30am to 12 noon and 5pm to 7pm on Mondays, 9.30am to 12 noon and 5pm to 6.30pm Tuesdays, Thursdays and Fridays. Wednesday surgery times are from 9.30am to 12 noon. During in-service closure times, the practice has arrangements with another provider (WALDOC) to cover calls. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 September 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events; however, incident records did not demonstrate where learning opportunities had been maximised and the practice did not establish a systematic approach for responding to safety alerts.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Staff we spoke with were able to demonstrate their knowledge of the practice incident reporting process.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and provided with an apology.
- There was a designated clinical lead for reviewing and monitoring significant events to ensure they were acted on as appropriate.
- Although lessons from incidents and significant events were routinely shared through clinical meetings and more widely with another partnering practices; completed incident forms we viewed did not demonstrate where the practice had maximised learning opportunities. For example, we reviewed the recording of an incident involving a prescribing error following a change in a specific medicine. Although the practice had taken appropriate actions and discussed the incident during a clinical meeting there were no records to demonstrate where discussions or learning outcomes to reduce the risk of the same thing happening again had been shared with clinical staff involved in the incident.

There were two designated leads responsible for reviewing safety alerts received and sharing with other clinical staff. However, there were inconsistencies in how incoming alerts were managed and gaps in the recording of action taken. For example, the practice held hard copies of Medicines and Healthcare products Regulatory Agency

(MHRA) alerts however, the practice did not establish an effective process for updating locums or checking whether they were aware of alerts. Alerts were discussed during clinical meetings as a standing agenda item; however, minutes we viewed did not include details of appropriate actions taken and we were told that locums were not attending these meetings. We reviewed the management of an alert relating to a certain medicine and concerns regarding prescribing during pregnancy. The practice were unable to demonstrate where actions had been taken to identify affected patients or where appropriate measures had been taken to maintain patient safety. Following the inspection, the practice provided evidence, which demonstrated that alerts were embedded into the practice clinical software, which notified clinicians of medication interactions; clinicians saw safety warnings prior to printing or issuing any prescription.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were a genuinely open culture in which concerns raised were highly valued as integral to learning and improving protocols which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Contact details for relevant agencies were displayed in clinical areas for further guidance if staff had concerns about a patient's welfare. We also saw information to support patients in relation to and domestic violence. Practice staff attended Identification and Referral to Improve Safety (IRIS) training. As a result the practice had incorporated the IRIS care pathway for patients who were at risk of or were suffering from domestic violence into their at risk adults policy. There was a clinical lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and were able to give examples of appropriate action taken following concerns. All staff had received training on safeguarding

Are services safe?

children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Alerts on patient record helped staff to identify patients who may be at risk from harm.

- Practice staff all attended recognising and preventing Female Genital Mutilation (FGM) training. Staff we spoke with provided examples of where they had identified possible risks and taken appropriate actions. We saw FGM information posters in the reception area. We saw that FGM prevention program and mandatory reporting tool were embedded in the practice safeguarding children policy.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. Infection control clinical lead responsibilities were shared between the practice nurse and lead GP who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An external infection control specialist undertook annual infection control audits. The practice scored 91% following an audit carried out within the last 12 months and we saw evidence that action were taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. We were told that the practice had remote access to CCG pharmacy team and attended Birmingham networking meetings every three months to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Appropriate checks were also in place for locum staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives.
- The practice had a fire evacuation procedure in place with a nominated fire marshal, staff received appropriate fire training. The practice had up to date fire risk assessments and carried out regular fire equipment checks and yearly fire drills.
- Electrical equipment was checked by a professional contractor to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. Staff told us that they would cover for each other's leave and sickness. Regular locum GPs were used to cover clinics.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Records checked showed that staff received annual basic life support training. Resuscitation guidance was also displayed close to emergency equipment for reference.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Both emergency equipment and medicines were checked regularly to ensure they were in working order and that the medicines were in date and stored appropriately.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might be required. Copies were available offsite as well as on the premises should the building become inaccessible. The plan included details of a suitable alternative accommodation where patients would be seen. Staff we spoke with provided examples of where the continuity plan had been followed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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 practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. Exception reporting for clinical domains (combined overall total) was comparable to CCG and national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example 8%, compared to CCG average of 8% and national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 82% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception reporting rate of 19%, compared to CCG average of 9% and national average of 12%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 98%, compared to CCG and national average of 94%.
- Performance for mental health related indicators was above the national average. For example, 100% compared to the national average of 90%. With an exception reporting rate of 8%, compared to CCG average of 4% and national average of 10%.
- Performance for patients with an abnormal heart rhythm currently receiving appropriate treatment was 100%, compared to CCG average of 99% and national average of 98%. With an exception, reporting rate of 0% compared to CCG average of 4%, and national average of 6%.

We discussed exception reporting for diabetes related indicators; staff we spoke with provided evidence, which showed patients, were exception reported appropriately. Staff we spoke with told us that they would only exception report after all options had been explored and we saw evidence to support this. They told us that the practice upskilled the health care assistant who carried out blood tests and foot checks. We were told that GPs and nurse worked together to improve care delivered and made the necessary referrals. As a result, the practice provided evidence, which showed a 10% improvement of blood sugar levels within the recommended range.

The practice were also pro-active in identifying patients at risk of diabetes. For example, the practice carried out a search, which identified a number of patients; all patients were added to a register and appropriately coded. We were provided with an example of a letter, which the practice had sent to all at risk patients.

There was evidence of quality improvement including clinical audit.

- The practice shared with us seven audits in the last 12 months; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice carried out an audit on a particular medicine used to treat pain from damaged nerves to ensure the medicine was being prescribed in line with pain pathway guidelines. The audit showed that the practice was prescribing the medicine inappropriately in some cases and patients

Are services effective?

(for example, treatment is effective)

who had commenced treatment in secondary care had not been offered alternative medicines. As a result, the practice reminded clinicians of the CCG pain pathway and patients were invited to a medicines review. The practice repeated the audit eight months later, this showed a reduction in the prescribing of a specific medicine and clinicians were following the appropriate pathways.

- The practice participated in local audits, accreditation, peer review and were involved in research. For example, the practice was currently involved in the recruitment of patients for two-research project. One of which were related to Vitiligo (a long-term condition which causes pale, white patches to develop on the skin). The practice were able to provide evidence that the recruitment process had been completed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. They also worked alongside more experienced staff.
- There was a locum folder in place, which supported clinical staff working at the practice on a temporary basis.
- The practice could demonstrate that relevant staff received role-specific training and updating. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending external updates and discussion at practice meetings.
- We were told that two GPs were in the final stages of completing a joint injection and electrocardiogram (test used to check heart rhythm and electrical activity) training.
- A member of the reception team had been trained as a phlebotomist.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. We saw evidence that the GPs had undertaken appraisals and revalidation, which enables them to continue to practice as a GP and remain on the performers list with NHS England. Staff we spoke with during the inspection told us that they had received an appraisal within the last 12 months. Five staff files we checked showed evidence of an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of quarterly multi-disciplinary team meetings for patients with end of life care needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided access to services such as family planning, health promotion, healthy lifestyle, sexual health and weight management. They made use of health trainers and offered referral to smoking cessation services.
- There was a dedicated lead GP for diabetes, woman's' health and patients with learning disability. Patients on the learning disability register were offered health checks, which were carried out using the Cardiff Health Check specific for patients with a learning disability. The practice also used the Royal College of General Practitioners (RCGP) patient action plan template as an alternative to care plans.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 100%, with a 0% exception reporting rate.

The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for

their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 64% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 65% compared to CCG average of 68% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 46%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 47%, compared to CCG average of 52% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages with the exception of children aged five years. For example, childhood immunisation rates for the vaccinations given to under two year olds were 90% for all vaccinations and five year olds were between 57% to 100% compared to CCG average of between 73% to 99% and national average of 81% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

Feedback from the 44 patient Care Quality Commission comment cards we received were mainly positive about the service experienced. Patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Less favourable comments related to patients not feeling happy with the use of locums.

We spoke with five patients during the inspection (including two members of the practice's patient participation group). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and comparable to those relating to nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 95%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

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

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations, for example counselling and wellbeing services and third sector support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as

carers (1.5% of the practice list). Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress levels review. The practice followed Sandwell and West Birmingham CCG carers' pack, which contained a variety of referral forms. The practice new patient registration form had a section, which identified carers. Written information was available to direct carers to the various avenues of support available to them.

The practice had a bereavement protocol; staff told us that if families had suffered bereavement, their usual GP contacted them or sent a sympathy card. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. The practice also had a comprehensive bereavement pack, which included a wide variety of advice on how to find support services.

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 was participating in a CCG led programme, which included developing Hub models to improve access and services within the area.

- The practice offered extended opening hours for appointments on Mondays from 6.30pm to 7pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Same day emergency contraception appointments were available.
- Patients were able to receive travel vaccinations available on the NHS. Staff sign posted patients to other services for travel vaccinations only available privately.
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- The premises were accessible for pushchairs, baby-changing facilities were available and a notice displayed offered patient privacy for breast-feeding.
- Patients with no fixed abode were able to register at the practice.
- A range of diagnostic and monitoring services including spirometry, phlebotomy, dressing changes and diabetes insulin initiation were available at the practice for the convenience of patients.

Access to the service

The practice was open between 9.30am to 1pm and 4.30pm to 7pm on Mondays, 9.30am to 1pm and 4.30pm to

6.30pm Tuesdays, Thursdays and Fridays. Wednesday opening hours are from 9.30am to 1pm. During in-hours closure times services are provided by WALDOC (Walsall doctors on call).

GP consulting hours are from 9.30am to 1pm and 4.30pm to 7pm on Mondays, 9.30am to 1pm and 4.30pm to 6.30pm Tuesdays, Thursdays and Fridays. Wednesday surgery times are from 9.30am to 1pm. Extended hours appointments were offered on Mondays from 6.30pm to 7pm. The practice used a scheme called advanced access where the practice was able to offer same day appointments. In addition, the practice offered a small amount of pre-bookable appointments that could be booked up to three months in advance however; these were not available on Mondays. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages for phone access however below average for opening hours.

- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 69% of patients were satisfied with the practice's opening hours compared to the national average of 76%.

The practice analysed their in-service closure time's arrangements to assess whether practice opening times were responsive to patients' needs. Data provided by the practice showed that between September 2015 and August 2016 WALDOC (GPs who provide services during the practice in-hours closure times) received five calls regarding GP advice, one regarding a request for a home visit and 25 calls involved information and signposting to appropriate services. Staff we spoke with told us that the practice used this information to assess whether there was a need to increase the practice opening times. CQC comment cards received were mainly positive about appointment access; however, four comments were less favourable. Results from July 2016 national GP patient survey showed that the practice performed above local and national averages for ease of phone access and getting an appointment.

Staff we spoke with told us that following increased patient demands for a female GP the practice secured a regular

Are services responsive to people's needs?

(for example, to feedback?)

female locum GP to cover Monday and Thursday clinic sessions. The practice also responded to requests for weekend opening; however due to low uptakes this was discontinued and the practice secured availability with a neighbouring practice for patients to be seen over the weekend. Patients we spoke with during the inspection provided positive feedback regarding the option of accessing a neighbouring practice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, we were told that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available for patients to take away in the entrance to the practice. This explained the complaints process, expected timescales for managing the complaint and what to do if they are unhappy with the response from the practice.

The practice received four verbal complaints in the last 12 months and we looked at these in detail. We found they had been satisfactorily handled in a timely way and the patient had been offered an apology. Lessons were learnt from individual concerns and complaints. Complaints reviews took place during clinical meetings to ensure the complaint had been acted on and any learning identified had been shared.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients with the resources available. Staff members we spoke with during our inspection spoke positively about working at the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

- The practice had a mission statement, which was displayed, in the waiting areas and on the practice website. Staff we spoke with knew and understood the values.
- The practice had a strategy and supporting business plans, which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. We noted that in most areas the governance structures and procedures in place reflected best practice. However, in other areas the arrangements were not as thorough. For example:

- The practice had a system in place for recording significant events. However, although significant events were shared through clinical meetings, completed incident forms we viewed had limited information to demonstrate where learning opportunities had been fully explored.
- The practice had two designated leads responsible for reviewing MHRA safety alerts and discussed them during clinical meetings. However, the practice did not establish an effective system to ensure locums were informed of incoming alerts or actions taken to maintain patient safety. We reviewed meeting minutes and saw that they did not include details of any planned actions or outcomes of actions taken. We were told that locums' were not attending meetings; however, following the inspection the practice told us that they have written agreements with all locums which states that they must keep themselves up to date with latest guidance.
- The practice did not effectively manage the carrying out of actions required following the receipt of patient

safety alerts. For example, the practice did not establish an effective system to ensure appropriate actions were taken to identify affected patients or ensure treatment were in line with latest guidance.

- Staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control, health and fire safety and human resources. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Policies and documented protocols were well organised and available as hard copies and on the practice's intranet. The practice updated policies and procedures as a result of training. For example, we saw that the safeguarding policy had been reviewed and updated to include Female Genital Mutilation (FGM) prevention program and mandatory reporting tool. In addition, the at risk adult policy included Identification and Referral to Improve Safety (IRIS) care pathway for patients who were at risk of or were suffering from domestic violence.
- A comprehensive understanding of the performance of the practice was maintained. Audits and local benchmarking data were used to monitor quality and make improvements. Performance against QOF was discussed at clinical meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw a range of comprehensive risk assessments, asset registers and supporting action plans in place where risk associated with safety, premises, equipment and infection control was continually monitored, effectively mitigated and well managed.

Leadership and culture

The GP partners and practice manager formed the management team. On the day of inspection, the GP partners demonstrated they had the experience, capacity and capability to run the practice.

The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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 affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings jointly with a neighbouring practice who they shared back office functions with. Meetings included practice meetings, which included clinical and governance meetings. The practice also attended multidisciplinary meetings, quarterly pharmacy engagement meetings and PPG meetings.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members spoke highly of the practice and felt that staff listens and acted on patient feedback. For example, following increased patient demands for a female GP the practice secured a regular female locum GP to cover Monday and Thursday clinic sessions. The practice also responded to requests for weekend opening; however due to low uptakes this was discontinued and the practice secured availability with a neighbouring practice for patients to be seen over the weekend.
- The practice had gathered feedback from staff. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice had introduced colour-coded letters for recalling patients, this helped staff identify what patients needed to do.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example: the practice were currently involved in the recruitment of patients for two research projects and were also participating in a CCG led program to develop Hub models to improve access and services within the area.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that is reasonably practicable to ensure compliance with relevant patient safety alerts. For example, the practice did not implement an effective system to ensure medicines alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were appropriately actioned and shared with all clinicians at the practice.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>