

# Little London Surgery

## Quality Report

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December 2015

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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 Little London Surgery on 24 November 2015 and 1 December 2015. Overall the practice is rated as good.

Specifically, we found the practice to require improvement for providing safe and effective services. We found the practice to be rated good for providing caring, effective, responsive and well led services.

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

- Staff understood and fulfilled their responsibilities to raise safety concerns, and to report incidents and near misses. Risks to patients were assessed and managed, with the exception of the system for monitoring the temperature of vaccinations, risks associated with staff who do not have a disclosure and barring service (DBS) check in place, legionella and fire.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they had confidence and trust in the GPs and nurses.
- The practice was responsive to the needs of its local population and services were planned and delivered to take into account the needs of different patient groups. Access to routine appointments and getting through to the practice by telephone were areas for ongoing improvement which the practice had identified and were addressing.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

However, there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvement are:

# Summary of findings

- Have robust governance systems in place for the management of risks to patients and others against inappropriate or unsafe care. This must include assessing and managing risks in relation to the storage of vaccines, legionella and fire safety.
- Carry out a risk assessment for all staff who undertake chaperoning duties in the absence of a Disclosure and Barring Service (DBS) check.

The areas where the provider should make improvement are:

- Review the results of the 2015 national GP patient survey and consider whether improvements are needed to improve patients' experience of the service.

- Develop system to monitor and record staff training and recruitment records so that training needs and updates can be easily identified and acted on.
- Consider the availability of emergency drugs.

Should continue to audit the system in place for reviewing correspondence relating to patients care and treatment and for assurance that patients who required a follow up of their blood test had received one.

**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 effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information and a verbal and written apology
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of the system for monitoring the temperature of vaccinations, risks associated with staff who do not have a disclosure and barring service (DBS) check in place, legionella and fire.

Requires improvement



### Are services effective?

- Data showed patient outcomes were mostly at or above average for the locality. The practice was aware of areas for improvement and had taken action to address these.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and positive outcomes for patients.
- The practice was proactive in the management of patients with diabetes. A GP at the practice had a lead role in diabetes within the CCG and nationally, with evidence that their role had a positive impact on the management and treatment of diabetes across the CCG.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The system in place to monitor and record staff training and recruitment information was not effective as information was not easily accessible. Some staff were not up to date with training in areas such as fire and infection prevention and control.
- Correspondence relating to patients care and treatment were not always reviewed by a GP.

Good



# Summary of findings

## Are services caring?

Good



- Data showed that patients rated the practice in line with local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. For example in the management and treatment of patients with diabetes, cervical cytology and breast screening.
- Patients said that there was continuity of care, with urgent appointments available the same day.
- The practice was aware that access to appointments was an area for improvement and was actively trying to address the issue.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings to monitor quality and performance.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risks. However, not all essential risks had not been assessed and managed such as the system for monitoring the temperature of vaccinations.

# Summary of findings

- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement.

# 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 and provided a range of enhanced services, for example, in dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice provided a directed enhanced service to two nursing homes. Managers of both homes provided positive feedback on how well the practice worked with them to manage patient's health needs.

### 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.
- The practice demographics included a high prevalence of diabetes. There was a GP lead for diabetes who worked alongside the CCG lead to improve the management and treatment of diabetes.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check that 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.

### Families, children and young people

Good



- 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 mostly in line with the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

# Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.
- Data showed that the practice's uptake for the cervical screening test was 71% which was much lower than the national average of 81.8%. However, we saw evidence that the practice had taken action to increase uptake.

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

Good



- 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 reflected the needs for this age group.
- The practice provided smoking cessation advice, cervical screening and NHS health checks for patients aged 40 to 74 years.
- There were extended opening hours on Tuesdays which would benefit working patients.

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and poor mental health.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided a directed enhanced for substance misuse and there was a GP lead.



# Summary of findings

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

Good



- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 75% which was lower than the national average of 83.8%. However, the practice had taken action to make improvements.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The practice received 128 responses from the national GP patient survey published on July 2015, this was a response rate of 31.6%. The results showed the practice was performing in line or above local and national averages in some areas. For example:

- 85.9% found the receptionists at this surgery helpful compared to a CCG average of 86.6% and national average of 86.8%.
- 82.4% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 82.8% and national average of 85.2%.
- 88.1% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 86% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 92.9% said the nurse they saw or spoke to was good at explaining tests and treatments them compared to the CCG average of 90.3% and national average of 89.6%.

However, the practice was below local and national average in a number of areas.

- 48.5% found it easy to get through to this surgery by phone compared to a CCG average of 75.5% and a national average of 73.3%.
- 62.4% described their experience of making an appointment as good compared to a CCG average 73.1% and national average 73.3%.

- 53.4% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 69.7% and national average of 64.8%.
- 46.7% with a preferred GP usually got to see or speak to that GP compared with a CCG and national average of 60%.
- 63.3% would recommend this surgery to someone new to the area compared to CCG average of 73.9% and national average of 77.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients described staff who were caring, helpful and took time to listen and explain their health needs. However, three comment cards included feedback about difficulty accessing routine appointments and two described difficulty getting through to the practice by telephone.

We spoke with three patients including two members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring although access to appointments and getting through to the practice by telephone were raised as areas for improvements.

We spoke with managers of two nursing homes who provided very positive feedback on the service provided by the practice. They told us that there was effective communication and regular ward rounds took place to review people's needs. Flu vaccinations were offered at the home and the GPs acted on any concerns in a prompt manner.

# Summary of findings

## Areas for improvement

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

- Have robust governance systems in place for the management of risks to patients and others against inappropriate or unsafe care. This must include assessing and managing risks in relation to the storage of vaccines, legionella and fire safety.
- Carry out a risk assessment for all staff who undertake chaperoning duties in the absence of a Disclosure and Barring Service (DBS) check.

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

- Review the results of the 2015 national GP patient survey and consider whether improvements are needed to improve patients' experience of the service.

- Develop system to monitor and record staff training and recruitment records so that training needs and updates can be easily identified and acted on.
- Consider the availability of emergency drugs.
- Should continue to audit the system in place for reviewing correspondence relating to patients care and treatment and for assurance that patients who required a follow up of their blood test had received one.

# Little London Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

## Background to Little London Surgery

London Surgery provides primary medical services to approximately 8410 patients in the local community. There are four GP partners (two male and two female) working at the practice together with a long term locum GP (male). The practice is a training practice for GP trainees (fully qualified doctors who wish to become general practitioners). At the time of the inspection there were three trainee GPs. The GPs are supported by two practice nurses and two health care assistants. The non-clinical team consists of administrative and reception staff, a practice manager and a deputy manager.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as nursing home enhanced service, insulin initiation and shared care service for substance misuse. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice opening times are Mondays, Wednesdays, Thursdays and Fridays from 8am to 6.30pm. On Tuesdays

there is an extended hours service when the practice is open from 8am to 8pm. The practice closes on a Thursday at 1pm on the third week of each month and does not re-open during the afternoon.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'Primecare' the external out of hours service provider. When the practice is closed during core hours on a Thursday afternoon patients can access general medical service by contacting 'WALDOC' which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a low deprivation score compared to other practices nationally. Data showed that the practice has a higher than average practice population aged 75 years and over and patients aged 0 to 4 years over in comparison to other practices nationally. The practice also has a higher than the national average number of patients with caring responsibilities. The practice demographics also includes a high prevalence of diabetes, smoking and heart failure than the national average.

At the time of the inspection there was a registered manager in post however, the previous registered manager who had left had not cancelled their registration with CQC. We discussed this with the GP partners to ensure appropriate action was taken. Following the inspection the manager had submitted an application to cancel.

## 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

# Detailed findings

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.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015 and 1 December 2015.

During our visit we:

- Spoke with a range of staff (GPs, practice nurse, health care assistant, administrative/reception staff, practice manager and deputy manager) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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.'

As part of the inspection we also spoke with the community midwife and the primary care mental health nurse both of whom undertook regular clinics at the practice.

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)

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- There were significant events that had occurred during the last 12 months. We reviewed records a sample of these and saw this system was followed appropriately.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed in meetings and analysed in detail. There was a traffic light system to help identify the level of seriousness. Depending on the nature of the event meetings to discuss a significant event would be called earlier if needed and we saw an example of this.
- There were examples of positive significant events that demonstrated good outcomes for patients and this had been shared with staff. For example, a vulnerable patient who had not attended their appointment was followed up by a home visit which identified that the patient was unwell as a result the patient had received appropriate medical attention.
- There were example of complaints which had also been treated as significant events to ensure analysis and learning.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient reviewed by a Doctor in secondary care had gaps in their collection for their prescriptions and it was not clear if they were taking their medication or not. This was treated as a significant event and appropriate action was taken including discussions with the secondary care Doctor.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. There was a lead

member of staff for safeguarding. There were policies in place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- The systems for recording staff training were not well maintained. Training records were in place but had not been updated to reflect all training that staff had received and not all training certificates were readily available. However, we saw evidence to support that training had been completed for some staff. Staff spoken with demonstrated they understood their responsibilities and said they had received training relevant to their role. We saw evidence that GPs were trained to safeguarding children level 3. There were regular safeguarding meetings with health care professionals such as the health visitors and midwife. We spoke with the midwife who told us these meetings provided the opportunity to share and discuss safeguarding concerns. The practice had been proactive in inviting school nurses to the meetings to ensure information was shared about children of all ages who were at risk.
- There was a chaperone policy in place and notices were displayed in consulting rooms and in the waiting area advising patients that a chaperone service was available if required. The nurse would act as a chaperone however, non-clinical staff told us that if nurses were not available they would undertake the role. Staff acting as chaperones had received training and could describe their role and responsibilities including where to stand. However, non-clinical who sometimes acted as chaperones had not received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Although staff said they were not left unattended with patients there was no written risk assessments in place to demonstrate this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules were in place for the general environment and equipment. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control

# Are services safe?

policy in place. There were disposable curtains in consulting rooms and systems in place to ensure these were changed on a regular basis. There were arrangements in place for the safe disposal of clinical waste. Annual infection control audits were undertaken and we saw evidence that there were no outstanding actions from the last audit completed. However, we saw evidence that some staff had last received training in the year 2011 and 2012 and were due updates to ensure they were aware of current good practice. It was also difficult to verify if all staff had received training as training records had not been updated to reflect all training that staff had received.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. We checked medicines for use in a medical emergency and medicines in refrigerators and found they were stored securely, in date and were only accessible to authorised staff. Records showed that fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. However, we found that records were not documented consistently. Over a period of three months (July-September 2015) there were seven days with no records of the fridge temperature. We discussed this with the manager at the time of the inspection. On day two of the inspection we saw evidence that the practice had acted on this. They had treated this as a significant event and put measures in place to prevent reoccurrence.
- There were robust systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was an alert system which informed patients and staff that medication reviews were due. Arrangements were in place to monitor patients on repeat prescriptions for high risk medication who required regular blood monitoring. All prescriptions were reviewed and signed by a GP before they were given to the patients. Patients who did not attend reviews were given a limited supply of medication and followed up. Following an incident both blank prescription forms for use in printers and those for hand written prescriptions were also stored securely. Serial numbers for paper prescription pads were recorded to ensure a clear audit trail.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure

prescribing was in accordance with national guidelines for safe prescribing. We saw examples of completed medication audits which included the high risk medicine methotrexate which requires regular blood monitoring.

- National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- We reviewed eight personnel files which included files of clinical and non-clinical staff. We found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Clinical staff had appropriate checks through the DBS.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- There was no documented legionella test or risk assessment in place to provide assurance that the practice had identified all risks associated with the premises and that these were being managed.
- There was evidence of checks of fire equipment and testing of fire alarms. However, staff had last received training in 2013 and a fire drill had taken place in November 2013 with another planned for November 2015. A fire risk assessment was last completed in December 2010 and lacked detail on the level of risk and actions taken to reduce potential risks. Following the inspection the practice told us that an external contractor had been booked to undertake a fire assessment for December 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

# Are services safe?

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the event of a medical emergency.
- The practice had a defibrillator for the treatment of cardiac arrest (where the heart stops beating) available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The emergency medicines did not include a specific injectable antibiotic that could be used to treat suspected meningitis. However, the GPs told us that their assessment of the risk was that ambulances could arrive at the practice promptly and there was also a pharmacist next door to the practice so they could obtain the medicine if needed.
- 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- 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. For example, NICE guidance in the management of diabetes and high blood pressure were discussed in weekly clinical meetings and disseminated to relevant staff not in attendance.
- Staff described how they carried out assessments which covered health needs and was in line with national and local guidelines. They explained how care and treatment was planned to meet identified needs.

### Management, monitoring and improving outcomes for people

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

The practice proactively reviewed its QOF figures and recalled patients when necessary for reviews. There were allocated staff members responsible for overseeing QOF and a team approach to the management of patients with long term conditions. There were weekly meetings with the GP lead for QOF and the deputy manager to discuss progress. The published data from 2013/14 showed that the practice had achieved 97.3% of the total number of QOF points available with a 3.6% exception reporting. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

Data from 2013/14 showed that the practice was in line or above the national average for a number of QOF indicators, for example:

- Performance for diabetes related indicator for foot examinations was 90.6% which was similar to the national average of 88.3%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months was satisfactory, was 80.4% which was similar to the national average of 78.5%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.5% which was similar to the national average of 83.1%.
- The percentage of patients with a mental health diagnosis who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91.1% which was higher than the national average of 86%.

However, the practice was below the national average in the following areas:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 75% which was lower than the national average of 83.8%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 71% which was much lower than the national average of 81.8%.

We discussed these indicators with the GP partners. They told us that they were aware and understood the reason why these areas were below the national average and had taken action to make improvements. The practice had a higher prevalence of dementia with a rate of 0.8% compared to the CCG average of 0.6%. The GPs told us there had been a coding issue which meant some patients diagnosed with dementia did not have a review recorded. This had been addressed with a GP lead for mental health and more patients were being identified and reviewed. The practice had taken action to increase the uptake of the cervical screening test. They told us that there had been a decrease during the period when one of the nurses had left their post. A new practice nurse had since been appointed which meant there were two nurses. Both nurses had been trained to undertake screening. There was more flexibility for appointments for the screening and included the

# Are services effective?

## (for example, treatment is effective)

availability of appointments during extended opening times. The practice had completed an audit to identify patients who needed screening and were supported by the CCG outreach nurse for cervical screening who undertook a clinic once every two weeks to help increase uptake. We saw a poster in the patient waiting area with the contact number for the outreach nurse.

Clinical audits demonstrated quality improvement.

There had been nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example:

- An audit had been completed on screening and immunisation among household contact of chronic hepatitis B patients. The audit looked at the number of patients registered at the practice with chronic hepatitis B who had household members. The aim was to ensure at risk household members were identified and offered screening and vaccination following discussions with the patient concerned. The audit identified household members of patients who were offered screening and vaccination.
- An audit had been completed on the monitoring of patients on the high risk medication methotrexate which requires regular blood monitoring. Actions taken as a result of the audit included contacting patients for a blood test and prescribing folic acid a medication that should be taken alongside methotrexate.

The practice participated in applicable local audits and projects to improve outcomes for patients. The practice had improved its uptake of breast screening for women by requesting support from the CCG breast screening team to help reduce the number of patients who did not attend their screening. As a result to date the practice had reached 66% of patients and was expected to meet the acceptable target by December 2015.

The practice also provided a number of directed enhanced services which included the nursing home enhanced service. Data provided by the practice showed that as a result of the enhanced service provided by the practice and others in the CCG the number of 999 emergency calls made to the ambulance service from the care homes had significantly reduced.

### Effective staffing

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

- There was a good skill mix of staff which included a number of established administrative staff, a practice manager and deputy manager. There were two practice nurses, two health care assistants and four GP partners.
- The practice had an induction programme for newly appointed members of staff including locum GPs which included training to be undertaken. There were induction checklists which covered details such as policies and procedures.
- The systems for recording staff training were not well maintained. Training records were in place but did not reflect all training that staff had received and not all training certificates were readily available. It was therefore difficult to verify whether all staff had received training and were up to date. However, our discussion with staff suggested that they had received training relevant to their roles and we saw some evidence to support this. For example, staff had received training in safeguarding, infection control, basic life support and chaperoning. Nurses had received training and updates relevant to their role such as prescribing, childhood immunisations, travel health and cervical cytology. Training updates were due in areas such as fire safety and infection control.
- The learning needs of staff were identified through a system of appraisals and we saw examples of completed appraisals.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and either had been recently been revalidated or had a date scheduled. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- Staff had various lead roles within the practice to support the management of patients' care and treatment. These included minor surgery, diabetes, mental health, unplanned admissions and learning disabilities.
- There were regular practice and clinical meetings that provided the opportunity to share important information with staff. The minutes showed that these meetings covered areas including significant events and

# Are services effective?

## (for example, treatment is effective)

complaints. External speakers such as a diabetes specialist were invited to clinical meetings to support learning and development for staff including trainee GPs to ensure best practice were being followed.

- GP trainees were supported with their professional development.

### 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.

All letters relating to patients care and treatment were reviewed by administrative staff in the data team at the practice. We discussed this with the GPs who told us that staff were experienced and trained to do this and would always discuss any concerns or queries with the GPs, and that there was a practice policy to support this. This meant that correspondence was not routinely seen by a GP except for example, those with coding queries, changes to medication and any uncertainties. Since the inspection the practice informed us that they had reviewed their process and strengthened the auditing process to ensure themselves information was cascaded appropriately. All blood tests results were sent to the requesting GPs inbox with a buddy system in place to cover for any leave. Although the GPs acted on any abnormal blood test results, there was a gap in the system in place to provide assurance that patients who required a follow up of their blood test had received one. The practice was working on developing a system to ensure a clear audit trail so that all patients who required a review could be easily identified and this could be followed up.

The practice shared relevant information with other services in a timely way, for example when referring people to other services. Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to other health professionals, or after they were discharged from hospital as well as the out of hours service provider.

The practice had arrangements in place to support patients with end of life care needs. This included a palliative care register and regular multidisciplinary meetings to discuss

the care and support needs of patients and their families. We also received feedback from the managers of two nursing homes, the community midwife and the primary care mental health nurse. They told us there was effective communication in place, the GPs were very approachable, accessible and information was shared in a timely manner to ensure patients health care needs were met.

### 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

There were 53 patients on the learning disability register and 85 patients on the mental health register all of whom had received a health review. We reviewed a sample of care plans for patients with a learning disability and those with mental health needs and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients who may be in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and family planning.

The practice had an electronic screen which provided information about services available at the practice such as flu vaccinations. There were also posters and practice leaflets with details of services and organisation for patients to access support and advice such as for carers, mental health services and Age UK.

Data showed that the practice's uptake for the cervical screening test was 71% which was much lower than the national average of 81.8%. However, we saw evidence that

## Are services effective?

(for example, treatment is effective)

the practice was taking action to increase uptake. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Findings were audited to ensure good practice was being followed.

Childhood immunisation rates were mostly in line with the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.3% to 98.3% and five year olds from 89.4% to

96.4%. Flu vaccination rates for patients over 65 years was 68.3%; this was slightly below the CCG average of 73%. Flu vaccination for at risk groups was 51.6%, this was similar to the national average of 52.2%.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated patients 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 and that conversations taking place in these rooms could not be overheard.
- The layout of the reception area meant that patients' confidentiality was not always maintained. Patients approaching the reception desk could be overheard when speaking with staff. However, there was information on display informing patients that they could discuss any issues in private, away from the main reception desk.

All of the 40 patient CQC comment cards we received were positive about the service experienced. Patients said staff were caring and treated them with dignity and respect.

We also spoke with two members of the 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 practices satisfaction scores on consultations with doctors and nurses were in line with local and national averages. For example:

- 86% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 88.1% said the last GP they saw or spoke to gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 93.3% said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 94.2% and national average of 95.2%.

- 84% said the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 83% and national average of 85.1%.
- 90.3% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 91.6% and national average of 91%.
- 96.6% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.3% and national average of 97.1%.
- 92.1% said the last nurse they saw or spoke to was good at treating them with care and concern compared to a CCG of 90.6% and national average of 90.4%.

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

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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 mostly in line with local and national averages. For example:

- 84.4% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.4% and national average of 86%.
- 92.9% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.
- 87.2% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85.9% and national average of 84.8%.

However the practice was below local and national average for the following area:

- 71.1% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 78.3% and national average of 81.4%.

## Are services caring?

At the time of the inspection the practice had not reviewed the results of the most recent national GP survey published in July 2015.

The practice had a number of patients who did not speak English as their first language. This was reflected in the practice's high usage of translation services. We saw notices in the reception areas informing patients that this service was available.

### **Patient and carer support to cope emotionally with care and treatment.**

Notices and information leaflets in the patient waiting room told patients how to access a number of support groups and organisations for example, Age UK, Alzheimer's support and living with terminal illness.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients on the practice list as carers. Information leaflets were available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was an example of where a GP had made a home visit to see a patient and their family to say goodbye. Patients receiving end of life care were kept on the practice's register despite moving out of the area to ensure continuity in their care.



# 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.

Services were planned and delivered to take into account the needs of different patient groups and provided flexibility, choice and continuity of care, for example:

- There were two practice pharmacists who provided support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in Walsall to have pharmacy support to ensure safe and appropriate prescribing of medications and increase efficiency in repeat prescribing. The role of the pharmacists included undertaking regular medication audits with the practice to ensure prescribing was in line with best practice and reviewing patients on high risk medicines and those with complex needs.
- Systems to review and recall patients with long term conditions such as asthma and coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) which included reviews undertaken at dedicated clinics.
- The practice held a clinic to review patients with substance misuse issues as part of a directed enhanced service. This was a shared care prescribing service and there was liaison with the substance misuse team and a key worker attended the clinic with the patient to offer support. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.
- The practice provided GP services to two nursing homes as part of a directed enhanced service. The GPs undertook weekly ward rounds at the homes to review patients registered at the practice as well as others. We spoke with managers of both homes who provided very positive feedback on the service provided by the practice.
- The practice demographics included a high prevalence of diabetes. There was a GP lead for diabetes who worked alongside the CCG lead to improve the management and treatment of diabetes. The practice had a dedicated clinic to review patients and this included insulin initiation as part of a directed enhanced service. The health care assistant had also been trained to undertake aspects of the diabetic checks to help improve access.
- The practice offered an in-house phlebotomy (blood sampling) service and minor surgery (joint injections).
- Longer appointments were available for patients with a learning disability and long term conditions such as diabetes. There were annual health checks for patients with a learning disability and those with mental health needs.
- Home visits were available for older patients / patients who would benefit from these. The practice nurses also visited housebound patients for their chronic disease reviews and seasonal influenza vaccinations. This included patients living in nursing/residential homes.
- Urgent access appointments were available on the same day for children, the elderly and patients who were vulnerable.
- There were accessible facilities such as automatic doors, designated disabled parking space, toilets and baby changing facilities. There was a hearing loop system to assist patients who used hearing aids in one of the consulting rooms but not reception area.
- There were extended opening hours on Tuesdays when the practice was open from 8am to 8pm which would benefit working patients and patients could book appointments and order repeat prescriptions on line.
- The practice had a patient participation group (PPG). There were approximately 15 members and we spoke with two members during the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. There was evidence from minutes of meetings and discussion with the members that the PPG was trying to engage with patients and act on feedback although there were challenges in doing this due to a lack of patient interest.

### Access to the service

The practice opening times were Mondays, Wednesdays, Thursdays and Fridays from 8am to 6.30pm. On Tuesdays there was an extended hours service when the practice was open from 8am to 8pm. The practice closed on a Thursday at 1pm on the third week of each month and did not re-open during the afternoon.

# Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available on the same day for patients that needed them. There was an urgent telephone triage system undertaken by the on call GP and telephone consultations were available. Patients could book/cancel appointments and order repeat prescriptions online.

At our last inspection in February 2014 patient's voiced concerns about the appointment system. At the time we saw from minutes of meetings that work was underway to identify ways of improving the system which included a new telephone and triage system which was to be introduced in March 2014. During this inspection some of the feedback included comments about difficulty accessing routine appointments and getting through to the practice by telephone.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages for example:

- 69.1 % of patients were satisfied with the practice's opening hours compared to the CCG and national average of 74.9%.
- 48.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.5% and national average of 73%.
- 62.4% patients described their experience of making an appointment as good compared to the CCG average of 73.1% and national average of 73.3%.
- 53.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.7% and national average of 64.8%.
- 46.7% with a preferred GP usually got to see or speak to that GP compared with a CCG and national average of 60%.

- 63.3% would recommend this surgery to someone new to the area compared to CCG average of 73.9% and national average of 77.5%.

At the time of the inspection the practice had not reviewed the results of the most recent national GP survey published in July 2015. However, there was evidence that the practice was trying to improve access by working alongside the PPG in completing surveys and audits which looked at access and modifying the appointment system as a result of feedback. This included same day urgent triage by the on call GP, daily telephone consultations with the GPs, developing the role of staff members such as the health care assistant and training the practice nurse in minor illness and prescribing with plans to start a minor illness clinic. A new salaried GP had also been employed and was due to start their post in January 2016.

## Listening and learning from concerns and complaints

We found that 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 and included a poster with contact details for NHS England and a complaints procedure accessible to patients.

The practice had received 18 complaints in the last 12 months. We reviewed some of these complaint and found they were handled satisfactorily. Complaints were discussed with staff to ensure learning and reflection.



# 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. The practice mission statement was included as part of welcome pack for new staff. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the vision.

The practice vision including joining a local GP Federation to help improve collaborative working with local GP practices and stakeholders in developing services for the local population. There were also plans to develop the service for example, by setting up a minor illness clinic and participating in local pilots.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- A GP partner at the practice attended meetings with the local Clinical Commissioning Group (CCG). This ensured they were up to date with any changes, one of the GP partners was a CCG board member. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- Practice specific policies were implemented and were available to all staff although some needed updating such as the fire and whistleblowing policy which were last reviewed in the year 2012.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions. However, not all essential risks had been assessed and well managed. For example, systems for monitoring the

medicines fridge temperature, risks associated with the roles and responsibilities for non-clinical staff in the absence of a disclosure and barring service (DBS) check, legionella and fire safety risks.

- There was evidence that the practice was responding to and acting on areas for improvements such as increasing uptake of cervical screening. We did however, identify that aspects of general management required improvements such as the systems in place for recording and monitoring staff training and recruitment records.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure quality care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen. However, some staff felt that the leadership structure could be strengthened and a more decisive approach was needed in addressing areas for development and improvement.

The practice 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 notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners in the practice and encouraged to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, modifying the appointment system to help improve access.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team took part in local pilot schemes to improve outcomes for patients in the area. For example, the practice provided services to two nursing homes as part of a directed enhanced service alongside other practices who provided this enhanced service. This had resulted in a reduction in the number of 999 emergency calls made to the ambulance service from care homes within the CCG.

The practice had been proactive in improving children's safeguarding procedures by ensuring regular meetings with the health visitors and school nurses. Action had been taken to improve uptake of cervical cytology and breast screening. The practice had developed robust procedures for repeat prescribing to ensure safety and efficiency.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014
Surgical procedures	Good governance.
Treatment of disease, disorder or injury	The provider did not have robust systems in place for monitoring the temperature of vaccinations. Risks associated with staff who did not have a disclosure and barring service (DBS) check had not been assessed and managed. The provider had not undertaken a legionella test or risk assessment. The fire risk assessment in place was not robust and had not been updated.
	This was in breach of Regulation 17(1) (2) (b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.