

Norvic Family Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Norvic Family Practice also known as Victoria Health Centre on 4 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open approach to safety and a system in place for reporting and recording significant events. However, there was lack of a formalised and structured approach in some areas of risk.
- Some of the risks to patients were assessed and well managed such as health and safety although we noted an exception around the monitoring of all patients taking high risk medicines.
- Staff assessed patients' needs and generally delivered care in line with current evidence based guidance.

Whilst quality monitoring activities were undertaken, there was limited documentation to show improved patient outcomes and improved clinical practice as a result.

- Feedback from patients showed they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Implement an effective system to ensure all patients prescribed with high risk medicines are appropriately monitored.
- Review the arrangements in place to ensure the appropriate and effective management of incidents and patient safety alerts.

The areas where the provider should make improvement are:

- To continue with efforts to identify more carers registered at the practice.

- Ensure that consent is documented on patient records when procedures such as joint injections are performed.
- To review its complaints received to identify any trends analysis.
- Deploy measures to promote awareness of the cervical cytology programme to support an increase in uptake.
- Deploy measures to increase achievement of learning disability reviews.
- Review its quality monitoring activities to include the completion of cycles of clinical audit.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events. However the system was not used to manage all identified incidents. Whilst meeting minutes supported that issues were addressed, the practice did not demonstrate that the system would identify themes and underlying system weaknesses.
- Records we reviewed supported that lessons were shared to make sure action was taken to improve processes within the practice.
- Whilst information supported that the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) alerts, the systems in place lacked a managed approach. The practice therefore, could not be assured that all alerts had been appropriately reviewed and actioned.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included safeguarding arrangements, staff recruitment procedures and staff mandatory training.
- Whilst some risks were assessed and well managed such as health and safety and ensuring sufficient staff were in place to meet patient needs, we noted an exception in relation to the monitoring of a small number of patients prescribed with a particular high risk medicine. Following our inspection, we were provided with evidence that systems had been strengthened.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. The practice had achieved 98% of available QOF points in 2015/16. The local CCG and national averages were 95%. The practice's overall exception reporting rate was 12.3%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Health and Care Excellence (NICE).

Summary of findings

- A number of clinical audits we were provided with demonstrated that the practice sought to achieve quality improvement. However, we were not provided with full cycle audits to demonstrate improved patient outcomes had been obtained as a result.
- Staff demonstrated they understood the processes involved for obtaining patient consent. We noted however, that consent had not been recorded when some minor procedures (joint injections) had been performed. We were provided with information immediately following our inspection which showed that recording processes were being strengthened.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and we were provided with documentation to support this.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- Data also showed that receptionists at the practice were rated highly. 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.
- 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. This included information on the practice website.
- The practice had organised a local carers event for those patients with carers responsibilities. The event included representatives from the Citizens Advice Bureau and Healthy Lifestyle Services who attended. The practice had identified 120 patients as carers (1.3%) of its list.
- We saw staff treated patients with respect and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered extended hours appointments from 8am to 6.30pm on weekdays to benefit those patients who could not attend in usual working hours. Other services provided included phlebotomy (blood taking) travel vaccinations and the administering of joint injections.
- Data from the national GP patient survey showed positive findings. For example, 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 75% and a national average of 85%.
- Data also showed that patients found it easy to make an appointment with a named GP. For example, 56% of patients were able to see or speak to their preferred GP compared to a CCG average of 45% and national average of 59%. We found there was continuity of care, 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 documentation showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice did not undertake a subsequent review of complaints received to identify trends analysis.

Are services well-led?

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

Requires improvement



- The practice's vision and values included that patients would be welcomed and cared for by skilled and efficient professional teams who work together to meet high standards. Staff we spoke with 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.
- Although a governance framework was in place, some aspects required strengthening such as risk management and quality monitoring processes.

Summary of findings

- The processes in place to ensure that all incidents were reported, recorded and effective learning took place required strengthening. The practice had not undertaken subsequent review of all incidents and complaints to identify trends analysis.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We spoke with four care home managers where practice patients were resident. Feedback was mixed. Positive feedback included that the practice clinicians were very responsive and attended the homes to see patients when requested. Other feedback included that whilst the practice responded to such requests, they felt there was a reluctance at times to attend when requested.
- The practice had received 100% of total available QOF points in osteoporosis indicators. This was above CCG average of 82% and national average of 87%. The practice had not exception reported any patients within the indicators.
- The practice offered flu vaccinations for patients aged over 65 years and attended patients' homes to administer the vaccine for those who were unable to attend the practice.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data showed the practice was performing above the local CCG average for its achievement within 11 diabetes indicators. The practice achieved 99% of the available QOF points compared with the CCG average of 88% and national average of 90%.

Requires improvement



Summary of findings

- Data also showed that 86% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was below the CCG and national average of 89%. Exception reporting was 8% which was lower than CCG average of 10.3% and national average of 9.2%.
- 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 had undertaken an audit to ascertain whether all patients registered as having multiple sclerosis were receiving the most appropriate care and treatment to meet their needs. Audit outcomes were positive and included the identification of a patient who was followed up.

Families, children and young people

The practice is rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- 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 for all standard childhood immunisations ranged from 90% to 97%. This was comparable to CCG averages which ranged from 87% to 95%.
- Our discussions held with staff supported that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all the patients including 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

Requires improvement



Summary of findings

and offered continuity of care. The practice opened its branch practice on a Saturday morning to provide a surgery outside of usual working times. Telephone consultations were available to those patients who requested them.

- The practice was proactive in offering online services including a down-loadable mobile phone app for patients to book appointments and request repeat prescriptions. There was also a full range of health promotion and screening that reflects the needs for this age group.
- Data showed that 71% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing under the CCG average of 79% and under national average of 81%. The partners told us the lower achievement scores were as a result of

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 39 patients on the learning disability register during 2015/16. Data showed that during 2015/16, 10 of these patients had received a healthcheck. The partners told us they had already recognised this area required further focus. They told us they had implemented an action plan to increase the number of reviews being undertaken.
- The practice was providing care and treatment for 7 patients who were temporarily residing at a local hostel. The partners told us that alerts were placed on vulnerable patients' records to notify practice staff. We were told that longer appointments were given to vulnerable patients including those with a disability.
- 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.
- 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- 95% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 91% and above the national average of 89%.
- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was below the CCG and national averages of 84%.
- 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. We saw information in the waiting room for patients which included Alzheimer's Research UK.
- Patients experiencing stress had access via GP referral to a counselling service.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local averages and generally in line with national averages. 287 survey forms were distributed and 99 were returned. This represented 34% response rate.

- 71% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 60% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, 14 of which contained positive feedback about the standard of care received. We noted that 2 of these comment cards also included mixed feedback and 3 other comment cards contained negative feedback. Positive feedback included that staff were helpful, polite and attentive and that the service provided was of a high standard. Other comments included in 5 cards made particular reference to the difficulties in the appointment system and the waiting time to obtain an appointment.

The practice's results from the NHS Friends and Family test in October 2016 showed that 62 patients were likely or extremely likely to recommend the practice to their friends and family and 5 patients were unlikely to.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective system to ensure all patients prescribed with high risk medicines are appropriately monitored.
- Review the arrangements in place to ensure the appropriate and effective management of incidents and patient safety alerts.

Action the service **SHOULD** take to improve

- To continue with efforts to identify more carers registered at the practice.

- Ensure that consent is documented on patient records when procedures such as joint injections are performed.
- To review its complaints received to identify any trends analysis.
- Deploy measures to promote awareness of the cervical smear programme to support an increase in uptake.
- Deploy measures to increase achievement of learning disability reviews.
- Review its quality monitoring activities to include the completion of cycles of clinical audit.

Norvic Family Practice

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 GP specialist adviser.

Background to Norvic Family Practice

Norvic Family Practice is located in Smethwick, a town in Sandwell in the West Midlands. It is 4 miles west of Birmingham city centre and borders West Bromwich and Oldbury to the north and west.

There is access to the practice by public transport from surrounding areas. There are parking facilities on site.

The practice currently has a list size of 8776 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for delivering primary care services to the local communities. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with high levels of deprivation (level 2, Indices of Multiple Deprivation decile, IMD). Level 1 IMD represents a most deprived area and level 10, the least deprived. A lower number of patients registered at the practice are in paid work or full time education (53%) compared with the local CCG average (57%) and national average (61%).

The practice has a higher than national average number of children and younger adults population. It has a lower than national average number people in their 50's and approaching retirement age. The patient population is mixed. This includes patients with a white British ethnicity as well as Eastern European and Asian patients.

The main site of the practice operates from purpose built premises. Patient services are all available on the ground level of the building. The premises are also shared with another GP practice and other healthcare professionals including district nurses, health visiting staff, physiotherapy and chiropody specialists. The practice has a branch site located at Norman Road Surgery, 110 Norman Road, Smethwick, West Midlands B67 5PU. We did not inspect the branch practice during our inspection.

The practice is currently managed by four GP partners. (two male,two female). The partners also employ a salaried GP. They are supported by two practice nurses, one regular locum prescribing nurse, one healthcare assistant, a practice manager, practice manager assistant and a team of administrative and clerical staff.

The practice is a training practice for GP trainees. One of the GP partners is a GP educational supervisor for two trainees. The practice currently had one trainee assigned to the practice in their final year.

The main site of the practice opens at 8am each morning until 6.30pm on Monday, Tuesday, Wednesday and Friday and closes at 2pm on Thursday. The branch practice opens at 8am each morning until 6.30pm on Monday, Tuesday, Thursday and Friday and closes at 2pm on Wednesday. The branch is also open on Saturday morning from 9am to 12pm.

GP consultations commence each weekday morning from 8am and the latest GP appointment is available at 6.20pm.

Detailed findings

On Wednesday and Thursday when the practice closes early, the latest appointment is available at 12.20pm. On Saturday, appointments are available from 9am until 11.50am.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Primecare via the 111 service.

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.

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 4 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice manager assistant, receptionists and administrative staff). We also spoke with members of the patient participation group (PPG).

- Reviewed a 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.
- Reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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. We found that the system required review to ensure that all reportable incidents were identified and managed appropriately.

- Staff told us they would inform the practice manager of incidents and there was a recording form available on the practice's computer system. 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 noted that two significant events had been reported within the past twelve months.
- We found that there was an absence of a formalised system for recording and responding to all identified risks and incidents. Whilst these issues were recorded in minutes of practice meetings we reviewed, there was not a structured incident response system. This meant that the practice may not be able to effectively identify repeated issues, trends in events, or underlying system weaknesses.
- We saw some evidence that when things went wrong with care and treatment, patients were informed of the incident, received support information and an apology and were told about actions to improve processes to prevent the same thing happening again.

One of the two significant events reported involved a malfunctioning fridge used to hold vaccines. Appropriate action was taken and the fridge was replaced. The incident was recorded as having a positive outcome as it was identified that audits and protocols were being followed appropriately.

We reviewed incident reports and minutes of meetings where issues were discussed. We saw evidence that lessons were shared in practice meetings and these supported that action was taken to improve processes in the practice.

We looked at the system for how patient safety alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated and acted upon. The practice manager received these alerts and passed them on to practice nurses or GPs for review and subsequent

action. Whilst we saw some evidence to support that alerts had been actioned, we found there was limited documentary evidence in the register held as to any actions taken and by whom.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we noted an exception.

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nursing staff were also trained to level 2.
- Notices displayed 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. One of the practice nurses was the infection control clinical lead who was able to contact 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We reviewed the latest audit which was undertaken in July 2016. We were advised that a new patient examination

Are services safe?

couch had been obtained for use in one of the treatment rooms to replace an older immovable couch. This meant that the equipment was easier to maintain to a satisfactory infection control standard.

- We found that some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). We checked whether patients prescribed with particular high risk medicines had received adequate monitoring prior to a prescription being issued. We found that arrangements were in place for the monitoring of patients prescribed with the high risk medicine, azathioprine in the sample of records we reviewed. We found an exception however, in relation to the monitoring of a small number of patients who were prescribed with the high risk medicine, methotrexate, in a sample of records we reviewed. We discussed our findings with practice partners who advised us that measures would be implemented immediately to ensure an effective monitoring system was in place. Following our inspection, we were provided with evidence that action had been taken to address the risks.
- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, 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 (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer a medicine to a list of individually named patients.
- We reviewed three 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.

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. The practice had up to date fire risk assessments and carried out fire drills. 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 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 system in place for all the different staffing groups to ensure enough staff were on duty. Administrative staff worked set hours and provided additional cover when required. The practice utilised locum doctors when additional clinical staffing was necessary.

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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.
- The practice had a 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

Generally the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (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 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 98% of the total number of points available. The CCG and national averages were 95%. The practice exception reporting rate was 12.3%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 99% which was above the CCG average of 88% and national average of 90%.
- 86% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was below CCG and national average of 89%. Exception reporting was 8%, which was below CCG average of 10.3% and below national average of 9.2%.
- 95% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was above CCG average of 86% and above national average of 83%. Exception reporting was 32.2% however, which was above CCG average of 24.8% and above national average of 22.1%.

- 95% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above CCG average of 91% and above national average of 89%. Exception reporting was 11.8%, which was below the CCG average of 14.7% and below the national average of 12.7%.

We obtained data from 2015/16 which showed the practices performance in relation to learning disability annual reviews undertaken. In 2015 there were 39 patients on the register. Of these, 10 had received a healthcheck. The partners told us they had recognised this area required further focus. They told us they had implemented an action plan to increase the number of reviews being undertaken.

There was evidence that the practice sought to achieve quality improvement, although clinical audits had not completed full cycles or had not been documented.

- We were provided with a variety of clinical audits undertaken in the last two years. These included a nonsteroidal anti-inflammatory drug (NSAID) audit. NSAIDs are used for treating conditions such as arthritis. The audit sought to identify if patients were being treated in accordance with NICE and other guidelines. Audit outcomes included that improvements were required within the management of some of the patients. Whilst documentation showed that patients were contacted for follow up, the audit did not include information as to the outcome for the patients or details for when a subsequent re-audit would take place. One of the practice partners told us that full cycle audits had been undertaken in some of the examples we were provided, but had not yet been documented.
- The practice had also undertaken an audit to ascertain whether all patients registered as having multiple sclerosis were receiving the most appropriate care and treatment to meet their needs. Audit outcomes were positive and included the identification of a patient for further review which was undertaken.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses had recently updated her skills in asthma and chronic obstructive pulmonary disease (COPD) and advised us that she regularly attended protected learning time events led by the CCG.
- 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 and discussion at practice meetings.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received 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. A training matrix had been used by practice management to monitor staff compliance with training requirements.

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. 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 were provided with a sample of minutes taken from these meetings held.

Consent to care and treatment

Staff mainly sought patients' consent to care and treatment in line with legislation and guidance, although we noted an exception.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, 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.
- The practice provided joint injections to patients who were identified as benefitting from this service. We discussed the process for obtaining consent with one of the practice GPs who was responsible for administering the injections. We were advised that verbal consent was obtained from patients and they were advised about any risks to procedures. We checked a small sample of patient records and did not find that those discussions had been recorded. The practice policy stated that discussions regarding expressed consent should be recorded in patient medical records. We were provided with information immediately following our inspection which showed recording processes had been strengthened.

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 at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice promoted 'Sandwell Healthy Lifestyle Services' to help patients who had weight problems and those who wanted to become more physically active.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 79% and the national average of 81%. We discussed the reasons for this lower achievement with the partners. We were advised that the ethnicity and cultural variation of the patient list impacted upon take up of the programme, as some female patients chose not to undertake the screening programme. The partners told us a member of staff telephoned patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 50% which

was above the CCG average of 47%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 66% which was marginally below the CCG average of 69%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% within the practice. The CCG rates varied from 91% to 95%. Five year old vaccinations ranged from 90% to 97% within the practice. The CCG rates ranged from 87% to 94%.

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

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.

During our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Feedback received via comment cards showed that the majority of patients felt that they were treated with compassion, dignity and respect by clinicians and the reception team. Results from the national GP patient survey in July 2016 showed the practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.

Data was also positive in relation to feedback regarding receptionists.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We spoke with two members of the patient participation group (PPG). They also told us that they and other

members of the group 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.

Care planning and involvement in decisions about care and treatment

Feedback from comment cards showed that patients felt involved in decision making about the care and treatment they received. They also included that patients 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. 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:

- 79% 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 CCG average of 76% and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw information about this service was available which included in the practice information leaflet. The practice website included a translation feature which enabled information to be read in a number of different languages.

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. 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 a number of

Are services caring?

patients as carers, 120 patients in total. (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. This included information displayed in the practice and on their website. Carers were offered the flu vaccination. The practice had held a carers event in June 2016 where advice and support was available to those who attended. We were advised that representatives attended from the Citizens Advice Bureau and Healthy Lifestyle Services. The practice intended to hold a further event in 2017.

The practice worked within the Gold Standards Framework (GSF), which is an approach to optimise care for all patients

approaching the end of life. Advanced care planning was undertaken to ensure that patient's preferred wishes were taken into account, and personalised care was organised to support the patient and their families. The practice worked with the wider health and social care team to deliver high quality end of life care for patients, and reviewed patients' at a regular multi-disciplinary team meeting.

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 or by giving them advice on how to find a support service.

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 offered appointments outside of usual working hours to benefit patients who could not attend during these times, the practice also offered a surgery on Saturday mornings. Routine appointments were available weekdays from 8am and up until 6.20pm.
- Telephone consultations were offered to patients on request.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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. The practice also provided flu vaccinations at patients' homes.
- The practice provided an in-house phlebotomy service (blood taking).
- Joint injections were offered to those patients who experienced joint pain and inflammation.
- A chiropractor service was provided on site at the branch practice. This was an independent privately run service which patients could access
- Patients experiencing mild to moderate mental health problems had access via GP referral to a service to help treat their needs.
- Maternity and child health clinics including immunisations were available to patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients had access online to book appointments and order repeat prescriptions. Access also included a mobile phone app which could be downloaded for patient ease and convenience.
- There were disabled facilities and translation services available.

Access to the service

The main site of the practice opened at 8am each morning until 6.30pm on Monday, Tuesday, Wednesday and Friday and closed at 2pm on Thursday. The branch practice at Norman Road opened at 8am each morning until 6.30pm on Monday, Tuesday, Thursday and Friday and closed at 2pm on Wednesday. The branch was also open on Saturday morning from 9am to 12pm. GP consultations commenced each weekday morning from 8am and the latest GP appointment available was at 6.20pm. On Wednesday and Thursday when the practice and branch closed early, the latest appointment was available at 12.20pm. On Saturday, appointments were available from 9am until 11.50am.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. There was flexibility in the appointment system as a number of on the day appointments were released at 9am and 2pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or in line with local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 75% and a national average of 85%.
- 56% of patients usually got to see or speak to their preferred GP compared to the CCG average of 45% and the national average of 59%.
- 67% of patients described their experience of making an appointment as good compared to a CCG average of 62% and a national average of 73%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%
- 56% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 54% and a national average of 65%.

CQC comment cards we reviewed were mainly positive about the responsiveness of the service provided. We noted however that five patients made particular reference to the difficulties in the appointment system and the

Are services responsive to people's needs?

(for example, to feedback?)

waiting time to obtain an appointment. The practice partners told us that they continuously reviewed patient access and had made changes to improve the patient experience. This had included the opening of the branch practice on Saturday mornings. The practice had audited the attendance of the Saturday surgery from April to July 2016. This showed that only 5 appointments had not been booked by patients out of 260 appointments which had been available.

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.

We were informed that a decision was made by one of the GPs prior to undertaking a home visit. The patient or carer requesting the visit was telephoned in advance so information could be obtained to allow the clinician to make an informed decision as to the priority of the visit. 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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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.
- The practice manager was the designated person that co-ordinated the complaints process. Clinicians always reviewed any complaints of a clinical nature.
- We saw that information was available to help patients understand the complaints system. This included a complaints procedure leaflet and information contained on the practice website. We noted that the leaflet required updating to reflect the contact details of the current practice manager.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt and shared with the team following a complaint, and action was taken as a result to improve the quality of care. For example, a patient complaint involving an administrative error resulted in a staff training exercise to ensure the error was not repeated.

The practice had not undertaken a formal review of its complaints received to identify any trends or to consider whether learning points and changes implemented to practice had been successful.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice vision and values included that patients would be welcomed and cared for by skilled and efficient professional teams who work together to meet high standards. Staff we spoke with knew and understood the practice values.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were monitored. The practice had plans to redevelop its reception and records storage area and to increase room capacity to improve appointments access. The practice was applying for funding to improve its facilities and IT system.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. We found that aspects required strengthening however.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was generally maintained. We noted lower achievements within the cervical screening programme and learning disability reviews had impacted upon the practices performance.
- A programme of clinical and internal audit was undertaken. This showed there was some monitoring of quality to make improvements. However, quality monitoring required strengthening to demonstrate improved clinical practice and improved patient outcomes in all areas reviewed.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. For example, staff recruitment procedures, staff resourcing and health and safety arrangements. We identified weaknesses in governance

systems however, as there were risks to patients that had not been recognised. These included assurance that all patients receiving high risk medicines had been appropriately monitored and the absence of a managed approach for the review of action taken in relation to patient safety alerts received.

- The management had not adopted a structured and formalised process for the reporting and recording of action taken when minor and lower risks were identified. Whilst we reviewed information which supported that some of these issues were identified and discussed in practice meetings held, the practices ability to identify trends and underlying system weaknesses was not demonstrated. This included complaints received.

Leadership and culture

The practice was led by four GP partners. They were supported by other clinical staff and a practice manager.

Areas were identified where strong leadership was required to ensure an effective and consistent approach to all issues was adopted by practice management.

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 some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal or written apology.
- The practice kept records of correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident and supported in doing so. We noted the practice had held a team building away day at an external venue in September 2016.

Are services well-led?

Requires improvement 

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

- Staff we spoke with said they felt respected and valued by the partners in the practice. We were informed by a member of the administrative team that they were being supported to undertake a vocational qualification in customer care. We also noted other training opportunities were provided to staff to enable them to continue with their professional development.

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 and submitted proposals for improvements to the practice management team. For example, the practice management made a decision to open their branch site earlier in the mornings to enable patients to sit and wait in the warmth rather than stand outside the premises. The practice also made a decision to address prescription queries after 9.30am to enable staff to respond to patients requesting appointments at the busiest time of the day.

- The practice had gathered feedback from staff through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The arrangements for assessing the risks to the health and safety of service users receiving care or treatment were not sufficiently in place. For example, we identified that not all patients prescribed with high risk medicines had been subject to regular monitoring and review to ensure their health needs and requirements were met.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The arrangements in place to assess, monitor and improve the quality and safety of the services provided were not operating effectively enough. For example, the systems in place for incident reporting and patient safety alerts lacked a structured or formalised approach to ensure that all issues were identified and appropriately managed.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>