

Ettingshall Medical Centre

Inspection 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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced inspection at Ettingshall Medical Centre on 26 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have effective systems in place for the prescribing and monitoring of high risk medicines.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had systems to keep patients safe and safeguarded from the risk of abuse.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had a structured approach for monitoring patients with long term conditions which ensured patients were offered a review of their care and treatment.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use, however they expressed concerns about the time it took to get through to the practice and the waiting time beyond their appointment to be seen at the practice.
- There was evidence of the systems and processes in place for continuous learning and improvement at all levels of the organisation.

The areas where the provider must make improvements are:

- Care and treatment must be provided in a safe way for service users.

The areas where the provider should make improvements are:

- Ensure the prescribing practices of practice nurses who are non-medical prescribers are supervised and audited.
- Collect information in relation to the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given) at the point of registration and improve staff awareness of this standard.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

Background to Ettingshall Medical Centre

The Royal Wolverhampton NHS Trust (RWT) has been the registered provider for Ettingshall Medical Centre since July 2017. At this time, all staff transferred to RWT and are salaried employees of the Trust.

Ettingshall Medical Centre is a well-established GP practice situated in Wolverhampton. The practice operates from a purpose built healthcare facility. There is access for patients who use wheelchairs. The practice has a higher proportion of patients between the ages of 0-18 years (53%) compared with the practice average across England of 38%. At the time of our inspection, the practice had approximately 4,646 registered patients. The ethnicity of patients registered at the practice are approximately 59% white and 21% of Asian origin. The remaining 20% are identified as mixed race, black and other race. The practice is in the most deprived decile in the city. This may mean that there is an increased demand on the services provided.

The practice does not provide an out-of-hours service to its own patients but patients are directed to the out of hours service, Vocare via the NHS 111 service. The practice provides services to patients of all ages based on a contract to provide Alternative Provider Medical Services (APMS) for patients. This allows the practice to have a contract with NHS and other non-NHS

health care providers to deliver enhanced and primary medical services to meet the needs of the local community. Services, include childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure. The level of income deprivation affecting children is 39%, which is higher than the National average of 20%. The level of income deprivation affecting older people is higher, 35% than the National average of 20%.

The team of clinical staff at Ettingshall Medical Centre is made up of three GPs (one female, two male). The GPs work a total of 22 sessions between them. Other clinical staff include two practice nurses, one working full time and the other part time and a pharmacist. The clinical staff are supported by a practice manager, and administration and reception staff. There is a total of 13 staff working at the practice either full or part time hours.

Additional information about the practice is available on their website:

<http://www.ettingshallmedicalcentre.nhs.uk>

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. The practice maintained active safeguarding registers for adults and children.
- Staff who acted as chaperones were trained for their 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).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The provider recruitment procedures were used to recruit new staff for the practice. Staff files were not initially available for review. The management team worked on ensuring these could be accessed during the inspection. The files of four staff showed that appropriate checks had been carried out prior to their employment.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- There were a number of staff on long term sick leave. The Royal Wolverhampton NHS Trust had ensured these absences were filled by internal staff who had the skills and competencies to undertake the roles, mitigating any risk.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- We found that medicines required in an emergency were not immediately and easily accessible to staff because they were stored in different areas of the practice. However, comprehensive risk assessments were completed and forwarded to the Care Quality Commission (CQC) the next day.
- Staff were aware of the systems in place to alert staff in the event of an emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. Reception staff knew how to prioritise patients presenting with symptoms related to heart and breathing emergencies.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The management of most medicines at the practice kept patients safe. However, there were gaps in the systems the practice had in place to ensure the effective management of all medicines.

- The practice carried out regular medicines audits, with the support of the practice pharmacist. The practice pharmacist had been recently recruited. Their role included making the requested changes to prescribed medicines following a visit to hospital.
- We found that blank prescription forms and pads were not always securely stored. Prescription forms were not removed from printers when the practice was closed.

Are services safe?

The practice addressed this at the time of the inspection and arrangements were put in place to ensure the prescription forms would be removed from printers and stored securely.

- Two of the nurses were nurse prescribers. We found that some of the medicines they prescribed were audited. Formal audits and supervision of the nurses prescribing practices were not in place. The lead GP told us that these patients were reviewed at the end of the day. However, there was no documented evidence to confirm this. Comments received from The Royal Wolverhampton NHS Trust (RWT) reported that the team manager for its GP practices was an Advanced Nurse Practitioner (ANP). The ANP worked with the prescribing lead from RWT to support the auditing process across all the practices. Practice staff did not refer to this process at the inspection.
- We found that the practice did not have effective systems in place for the prescribing and monitoring of high risk medicines. Records we looked at showed that the results of blood tests carried out were not routinely obtained before giving patients a repeat prescription. For example, there were 10 patients on Methotrexate (a medicine used to treat conditions which cause inflammation in the body). We saw that blood test results were not available for seven of the 10 patients'. The records for the three remaining patients showed that although listed as no results the results were received via letters from the hospital and blood test results had been seen for the third patient.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Data available showed that the number of antibiotics prescribed overall by the practice was lower than the local clinical commissioning group and National averages.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice had systems for ensuring that medicines were stored in line with manufacturers guidance and legislative requirements. This included daily checks to ensure medicines were kept within a temperature range that ensured they were effective for use.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- NHS Property Services were responsible for the health and safety, environmental assessments and maintenance of the premises. The practice staff ensured they were involved and notified of the outcome of these checks.
- The practice monitored and reviewed safety using information from a range of sources.
- Risks were monitored and safety improvements put in place to minimise the risks.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Alerts were discussed at practice and Trust directorate monthly meetings. Systems were in place to ensure action plans were developed, implemented and monitored.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- The immediate and ongoing needs of most patients were fully assessed. This included their clinical needs and their mental and physical wellbeing. However as previously discussed there were gaps noted for some patients prescribed high risk medicines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Older patients were fully assessed with the support of the elderly care consultant and practice pharmacist.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice provided a service to two care homes for older people. Annual reviews of patients care and treatment and medicines were carried out.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP and practice nurses worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice participated in a local project for the care and management of patients with diabetes. Individualised diabetic management plans were developed for patients with poorly controlled diabetes. A review of the patient involved in the project showed positive outcomes.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (abnormal heart rhythm) were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD, a term used to describe progressive lung disease), atrial fibrillation (abnormal fast heart rate) and hypertension (high blood pressure).
- The practice's performance on quality indicators for long term conditions was above the local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% in all the four indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had discussed how improvements could be made. A proactive call and recall system was in place. Staff opportunistically, offered the procedure to female patients when they attended the practice.

Are services effective?

- The practice's uptake for breast and bowel cancer screening was mostly below the national average. The practice had a system in place to follow up patients who did not attend screening appointments.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice held a register of 58 patients with a learning disability.
- The practice offered annual health checks to patients with a learning disability. The care of patients with a learning disability was supported by the community learning disability staff.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for a review of their long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice performance on quality indicators for mental health was slightly above the local and national averages. For example, the percentage of patients who experienced poor mental health who had an agreed care plan documented was 91% compared to the local CCG and national averages of 90%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements. The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The published Quality Outcome Framework (QOF) results for 2017/18 were 98% of the total number of points available, which were higher than the clinical commissioning group (CCG) and national averages of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 8.4% compared with a national average of 5.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). We saw that the exception rates were higher in some of the clinical domains compared to the CCG and national averages. The practice was aware of areas which required improvement within QOF (or other national) clinical targets for example, diabetes. The GPs and practice nurses had lead roles in chronic disease management. One of the GPs had a lead role in the care of patients with diabetes.
- The local CCG benchmarked the practice against other practices in the locality. Areas identified as good practice was shared with other practices and areas requiring improvement were discussed. The GPs attended regular peer review meetings to review and discuss the clinical management of medical conditions and share good practice.
- Where appropriate, clinicians took part in local and national improvement initiatives. Activity undertaken included clinical audits linked to the National Institute for Health and Care Excellence (NICE) best practice guidelines, medicine management and clinical conditions.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Clinical staff had weekly protected study time.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Records we looked at showed that all appropriate staff, including those in the wider organisation, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centered care. This included when they moved between services,

when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice held weekly multidisciplinary team meetings where a wide range of topics related to patient care and treatment were discussed. These were open to the wider health and social care professionals, which included community matrons, district nurses and health visitors.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing and navigation schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above the local and national averages for questions related to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.

- The practice proactively identified carers and supported them. The number of carers on the practice register was 52, which represented just over 1% of the practice list. Work was ongoing to improve the practice carer register.
- The practice's GP patient survey results were comparable for questions related to involvement in decisions about care and treatment.
- Staff were not aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given). The lead GP and management team assured us that this would be reviewed and implemented.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. Discussions that took place ensured patients preferred care choices could be met, where possible.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice.
- The practice worked with advanced nurse practitioners to provide a shared home visiting service. This service was also provided to 176 patients living in care homes who were registered with the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. For example, patients with atrial fibrillation (an abnormal fast heart rate) had an assessment for stroke risk and received treatment in line with NICE guidance.

- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Children of all ages and children aged under the age of five were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and pre-bookable appointments were available on Saturday, Sunday and Bank Holidays between the hours of 8am and 2pm.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- To improve treatment and to support patients' independence the practice used text messaging to remind patients of appointments.

People whose circumstances make them vulnerable:

- The practice had a number of patients from different ethnic backgrounds with a vast range of languages and whose first language was not English. The practice offered these patients the use of interpreters. Professional face-to-face interpreters were booked in advance.

Are services responsive to people's needs?

- The practice worked closely with the local migrant and refuge centre to support the care of these patients. The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a diverse group of staff, who could speak different languages. This helped to meet patients needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Longer appointments and home visits were offered to patients whose vulnerability prevented them attending the practice.

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

- The practice held a register of patients experiencing poor mental and or dementia.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Most patients experiencing poor mental health (including people with dementia) had a care plan completed.
- Advanced care plans were in place where appropriate for patients living at care homes.
- The practice ensured patients experiencing poor mental health (including people with dementia) had care reviews and worked closely with the community mental health team to ensure appropriate and timely management.
- The practice ensured patients who experienced poor mental health and dementia had access to extended appointments. Patients who failed to attend appointments were proactively followed up with the support of the community psychiatric nursing team.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Results from the national GP patient survey, published in August 2018 annual national GP patient survey showed that patients' satisfaction with how they could

access care and treatment was lower than local and national averages. Four hundred and fourteen surveys were sent out and 93 were returned. This represented about 2% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

- The provider was aware of this and was looking at ways to increase the number of appointments for patients. Changes made included extended hours appointments which were advertised at the practice to ensure patients were aware of the time and practice where clinics were held and increasing opening times to five full days per week.
- Patients told us the appointment system was easy to use and cancellations were minimal and managed appropriately. However, they told us they experienced delays when waiting to be seen at appointments. The national GP patient survey also showed that patients were less positive about their experience of accessing the practice by telephone. The practice had discussed this and had put plans in place to improve the patient experience.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint received about staff attitude was risk assessed. Discussions were held with staff and customer care training provided.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice joined the Primary Care Services (PCS) directorate of The Royal Wolverhampton NHS Trust (RWT) to support progression of the service as well as developing integration with secondary and community care services.
- The practice had processes to develop leadership capacity and skills, including planning for the future of the practice.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The Royal Wolverhampton NHS Trust leadership team were committed to fostering and embedding the Trusts values and vision. Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and other professional teams

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The provider, The Royal Wolverhampton NHS Trust (RWT) worked with the practice to ensure that there was an organisational structure in place with clear lines of accountability and responsibility. The systems of accountability to support good governance and management were accessible to staff. For example, policies, procedures and protocols were available via the specific practice name on the providers electronic shared drive.
- RWT Primary Care Services management structure included a Deputy Chief Operating Officer. The Group Manager, Head of Nursing and Divisional Medical Director report directly to the Deputy Chief Operating Officer. Ettingshall Medical Centre links to this management structure in the following way:
 - The Primary Care Directorate Team, practice managers and non-clinical staff reported to the Group Manager.
 - The Senior Matron and nursing workforce reported to the Head of Nursing.

Are services well-led?

- The Clinical Director, practice directors, clinical leads and salaried GPs reported to the Divisional Medical Director.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities at both a practice and wider organisation level. This included in respect of safeguarding and infection prevention and control.
- Clinical staff with extended roles such as the practice nurses were in receipt of competency reviews in the form of appraisals, one to one observation and both verbal and written feedback. However, there was no evidence to confirm that practice nurses that were non-medical prescribers received supervision and auditing of their prescribing practices.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, the practice carried out an audit of patients prescribed antibiotics as a means of preventing a urinary tract infection. The audit identified a number of patients who were prescribed long term prophylactic antibiotics which proved to be ineffective. The antibiotics were stopped for all patients in line with guidance and following discussions with other clinical professionals which included a specialist consultant and the patients.
- We found that affective arrangements were not in place to ensure medicines were always appropriately managed. Comments received from The Royal Wolverhampton NHS Trust told us that all non-medical

prescribers are monitored through RWT's non-medical prescribing policy. However, the nurse and lead GP did show an awareness of the policy or reference it as evidence at the inspection.

- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The practice had a patient participation group (PPG). The group was not as active as the practice would like

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and regular meetings were not always possible due to attendance. The practice and members of the group were actively advertising to encourage patients to join the group.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none">• The provider did not have an effective system in place for the management and monitoring of patients prescribed high-risk medicines.• The provider had not ensured that all staff were aware of the arrangements in place to ensure the prescribing practice of practice nurses who were non-medical prescribers were supervised and audited.• This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.