

# Bath Street Medical Centre

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** We previously carried out an announced comprehensive inspection in June 2017; the practice was rated as inadequate and placed into special measures, with the safe and well-led key questions rated as inadequate. The practice was rated as requires improvement for the effective, caring and responsive key questions.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Bath Street Medical Centre on 4 December 2017 to monitor that the necessary improvements since our last inspection had been made.

At this inspection we found that improvements had been made:

- At the last inspection we found that nurses were operating outside their sphere of competence and a requirement notice was issued. We found that the practice had reviewed the working procedures for all clinical staff, gynaecology and breast examinations were now done solely by a GP.
- The provider had improved the recruitment procedures to include all appropriate checks with the exception of a physical and mental health assessment on staff employed.
- The practice had now signed up to receive all national safety alerts and these were effectively managed by the practice pharmacist.
- Effective systems to capture feedback had been implemented. The feedback was utilised in regular discussion with staff and patients and used to formulate an action plan that identified where further improvements could be made.

# Summary of findings

Additionally we found:

- 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 safeguard children and vulnerable adults from the risk of abuse. Staff demonstrated an awareness of vulnerable patients but the systems required better governance.
- Practice staff were aware of and management acted on their duty of candour appropriately.
- 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 an effective recall system to ensure patients with long term conditions were offered timely reviews.
- Staff worked with other health and social care professionals to deliver effective care and treatment.
- We saw that staff treated patients with compassion, kindness, dignity and respect. However, the feedback from patients on consultations with a GP was still below local and national averages. The practice were aware and had taken further steps to address this.
- Patients reported that they were able to access care when they needed it. However, the patient feedback regarding access to a GP appointment was below local and national averages.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff we spoke with were aware of the practice's vision and were aware of their roles in achieving this.

There were areas identified where the provider **should** make improvements:

- Further improve the arrangements that ensure care and treatment is provided in a safe way to patients. In particular:
- Review the safeguarding procedures to ensure vulnerable adults are highlighted on the clinical system, policies reflect the most recent definitions of abuse and a summary of discussions held at safeguarding meetings are minuted.
- Risk assess the visibility for the patient waiting area in regards to the response to an emergency situation.
- Review the arrangements for induction of new staff.
- Review the prescribing of hypnotics (medicines to relieve anxiety, aid sleep, or have a calming effect) to reduce the rates in line with Clinical Commissioning Group (CCG) and national averages.
- Explore how uptake rates for cervical screening can be further improved.
- Revise the system used to encourage eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Consider measures to improve the patient feedback on access to GP appointments.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

# Summary of findings

## The six population groups and what we found

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

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

# Bath Street Medical Centre

## 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 Bath Street Medical Centre

Bath Street Medical Centre is registered with the Care Quality Commission (CQC) as a single handed provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include childhood vaccination and immunisation schemes and minor surgery. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Dudley Clinical Commissioning Group (CCG).

At Bath Street Medical Centre a service called Bath Street Cosmetics is also provided. The service offers aesthetic cosmetic treatments; these are exempt by law from CQC regulation. Therefore, we were not able to inspect the aesthetic cosmetic service during our inspection.

The practice is located in premises, previously a shop, converted 25 years ago into a GP surgery. The practice has a population of 2,900 patients and is within the fourth most deprived decile when compared with both local and national statistics. The practice has less patients aged 65 and over than the CCG and England average and a higher percentage of patients in the working age group. This could increase the demand for more flexible appointment times. The practice has a lower percentage of patients with a long-term condition (LTC) than the local and England average. The percentage of unemployed patients that use the practice was double that of CCG and England averages. These factors could increase demand for health services and impact on the practice.

The practice has opted out of out of hours care provision. Out of hours care is provided by Malling Health (provided within Russell's Hall hospital). Patients can access this service by dialling NHS 111 or by attending the walk in service at Russell's Hall Hospital.

# Are services safe?

## Our findings

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

At the previous inspection we rated the practice as inadequate for providing safe services. We found that nurses were working outside their sphere of competence in carrying out gynaecology and breast examinations. The practice had reviewed the working procedures for all clinical staff and these examinations were now done solely by a GP.

### Safety systems and processes

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

- The practice had a set of safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the practice as part of their induction and refresher training, and a comprehensive training log captured all of these.
- The practice had 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. Vulnerable adults were not identified on the computer screen so that the nurse or GP treating them was aware of their circumstances.
- Safeguarding policies were regularly reviewed and were accessible to all staff via the electronic library that provided an audit trail of who had reviewed each document. The policies outlined clearly who to go to for further guidance. Review dates were on each document and the electronic library generated an automated notice to the practice manager when a review was due. All policies and protocols were seen to be within their review date. However, the safeguarding policies were not reviewed by the safeguarding lead and the safeguarding adult's policy did not include the new definitions such as modern day slavery.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 who acted as chaperones had received training and recorded on the clinical system when asked to carry out the role.
- There was an effective system to manage infection prevention and control (IPC). The most recent IPC audit, carried out in October 2017, had identified several issues which were progressed into an action plan. We saw that appropriate follow-up action had been taken. The practice had a dedicated and detailed cleaning schedule with an in-house cleaner employed by the practice.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were certificates to evidence that essential maintenance had been completed. There was a contract in place to ensure ongoing maintenance and recalibration of equipment plus an internal reminder system. The equipment was prioritised into clinical and non-clinical equipment. There were systems for safely managing healthcare waste. These included a dedicated locked external bin for storage while awaiting collection. Staff who put the waste into its dedicated storage area knew what personal protective equipment to wear and where to find it.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. This included the planning of annual leave to ensure that staff trained to be chaperones were available. The regular locum GPs were normally used to fill in for planned GP absence.
- There was an effective induction system for GP locums. This included blood forms, contact details and information on the location and access to the emergency medicines.
- 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, for example, sepsis. The nursing staff had made use of

# Are services safe?

the relevant National Institute for Health Care and Excellence (NICE) guidance for sepsis. There was an electronic alert on the computer system for patients undergoing treatment that reduced the efficiency of their immune system so that clinicians treating this group would be reminded if infection was suspected. GPs were knowledgeable about sepsis and the associated risks, and had made use of clinical meetings to discuss this collaboratively with the nurses.

- The clinical system included the facility to trigger a panic alarm. However the patient waiting area was in a separate room not fully visible to the reception staff.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example the code to the key press was changed regularly. The key press is a security box that required a four digit code to access the key for the emergency medicines and the vaccine fridge.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed within templates provided by the local Clinical Commissioning Group (CCG) as part of the Outcomes for Health monitoring arrangement. The practice told us it was necessary to be familiar with these templates to be able to find and see all relevant patient information.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment through monthly multi-disciplinary team (MDT) and other suitable multi agency meetings such as contact with Health Visitors.
- The practice had developed a check form as a failsafe system to track all urgent referrals, abnormal cervical smear results and minor surgery samples sent for testing.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines were supported by an employed pharmacist and a CCG pharmacist. Vaccines, medical gases, and emergency medicines and equipment were stored safely and appropriately to reduce risk. There was a clear cold chain mechanism to ensure vaccines remained at the correct temperature

and fridge records were monitored and recorded appropriately. The practice carried out suitable audits of medicines and ran further search-based audits in relation to alerts received.

- The practice kept prescription stationary securely and monitored its use to minimise the risk of fraud.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. For example, the clinical pharmacist employed by the practice was the lead for quality improvement and compliance and antibiotic prescribing had improved from the previous year.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. We reviewed a sample of records of patients who had been on high risk medicines and found they had their blood levels checked appropriately.
- The practice involved patients in regular reviews of their medicines. They aimed to coordinate reviews for patients on multiple medications and those with multiple conditions in a single attendance.

## Track record on safety

The practice had a good safety record.

- Suitable health and safety risk assessments were in place, for example visual display screens and equipment.
- The practice monitored and reviewed activity to help understand risks and this gave a clear, accurate and current picture that led to safety improvements. For example, there had been a recent legionella risk assessment in May 2017 and regular monitoring was carried out and recorded. The practice had not completed hard wire electrical testing but sent a certificate the day after the inspection showing this had been completed.
- Recruitment checks were carried out on staff employed and locum staff used. However these did not include a physical or mental health assessment. The practice completed these on the day of the inspection for those staff members in attendance and planned to complete for all other staff at the earliest opportunity.

## Lessons learned and improvements made

## Are services safe?

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Receptionists and administrative staff felt able to raise concerns and said they were listened to.
- 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. There had been seven significant events recorded in the last 12 months. For example, a form had accidentally been handed to the wrong patient after having been attached to a

prescription when awaiting collection. As a result a second box was introduced so that forms and prescriptions were kept separately whilst awaiting collection.

- There was a system for receiving and acting on safety alerts. Alerts were received by each of the management team and cascaded to appropriate staff. We saw that the practice had signed up to receive all safety alerts and a check of the alert log sheet evidenced that they were up to date. For example, we saw that an alert for the dosage of an anticonvulsant medicine to treat nerve pain, issued in November 2017 from the Medicines and Healthcare regulatory agency (MHRA), had resulted in a search on patients affected and a record was maintained of positive findings that included any actions taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

At the previous inspection we rated the practice as requires improvement for providing effective services. Previously we found that there was no programme of quality improvement. The practice had implemented a structured programme of clinical audit which included repeat cycles to monitor change.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients' needs were assessed using a health outcomes framework that had been formulated using clinical guidelines, for example those provided by The National Institute for Health and Care Excellence (NICE).
- The practice was comparable to the Clinical Commissioning Group (CCG) and national averages for antibiotic prescribing. The number of antibacterial prescription items prescribed per Specific Therapeutic group was 0.93 units compared to the CCG average of 0.99 and the England average of 0.98). It is important that antibiotics are used sparingly to avoid medicine resistant bacteria developing. These results indicate that the practice was following national and local guidance.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was higher than other practices (2.33 units compared to the CCG average of 0.92 and the England average of 0.9). The practice said they were aware and they planned to reduce their rates with reviews on patients taking these medications.
- 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 are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. The practice held a register of frail people categorised as three groups of frail patients. A total of six patients were categorised as mildly, moderately or severely frail. Of the severely frail group, one had received a face-to-face review since April 2017 and the remainder had been planned.
- There were a further 27 patients on a housebound register who were offered GP or nurse home visits when required. The care of this group was managed in coordination with the community nursing team to ensure they were offered an influenza vaccination and long-term condition reviews at home.
- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The practice had incorporated a new appointments system and patient recall system to manage patients with long-term conditions. The recall system was changed to recall patients by birth date. Clinical sessions had been extended by half an hour with administration slots implemented to help GPs run to time and also to fit in any urgent patients. The walk-in clinic had been stopped on 1 November 2017 (replaced with a three hour session with seven same day appointments) in response to the GP National Survey as patients felt delayed when waiting to see a GP.
- The practice offered a number of clinics for patients with long-term conditions such as asthma and diabetes. Patients had a structured annual review to check their health and medication needs were met. Patients were included in the development of a management plan and agreed targets set for the next review.
- For patients with the most complex needs, the GP worked with other health and care professionals to ensure a coordinated package of care was provided.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

# Are services effective?

## (for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%, with year to date uptake rates at 85% for both two and five year olds.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. We saw that a dedicated audit was run and that women affected were referred to appropriate secondary care for delivery.
- The practice had a policy to offer children a same day appointment. Extended appointments outside of school hours were available in the evenings or at weekends. The practice provided extended hours with a GP or nurse between 7.30am and 8am on a Monday and a Tuesday. Patients could see a GP through the local scheme between 6.30pm and 8pm each week day and between 9am and midday on a Saturday and between 9am and 11am on a Sunday.

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

- The practice's year to date uptake for cervical screening was 72%, which was slightly below the 81% coverage target for the national screening programme. However the uptake had improved from the previous year (64%). The practice had proactively encouraged patients to attend by letter and by telephone.
- The practice had run a campaign (a poster and a text message to ask patients to book in) in the summer to encourage eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice had not invited all patients aged 18-24 for the meningitis vaccine. There had been no patients vaccinated this year, the eligible population was 326.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There was a system for monitoring the uptake of health checks and issuing invitations. The practice had completed 346 health checks since April 2017. This represented 80% completion, equivalent to the target as issued by Public Health for completion by March 2018.

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 place of death was reviewed for all expected deaths.
- The practice held a register of 14 patients with a learning disability. Since April 2017, six of these patients had completed face to face reviews, that includes a medication reviews and all had written care plans.
- Staff had completed safeguarding training that included how to recognise at risk patients.

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

- The practice had a policy to offer same day appointments to patients with dementia.
- The practice had screened 73% of their patients identified as at risk of dementia.
- The practice had implemented a carer's assessment and encouraged patients that cared for others to have an influenza vaccination and an annual health check.
- The practice offered home visits to patients with poor mental health for their annual review.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity through audit and routinely reviewed the effectiveness and appropriateness of the care provided. A structured programme of auditing had been implemented and included 12 audits planned over a 12 month period (June 2017 to July 2018). The practice had carried out initial audits that included the effective monitoring of medication for patients with gout and second cycles were planned to monitor outcomes. There was evidence that this learning was effectively translated into improved care for this group of patients.

The practice had 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 designed to monitor and improve the quality of general practice and reward good practice. However, the practice stopped collecting QOF data at the end of March 2016 and enlisted to use the Dudley CCG Outcomes for Health framework, which the CCG had used to replace QOF. Like the national QOF, the Dudley Outcomes for Health Framework has a total number of points available and these were compared with the immediate locality and the wider CCG averages.

# Are services effective?

## (for example, treatment is effective)

However the indicators are different from and therefore not comparable with those used for the National QOF framework. The most recent published results for 2016/17 Dudley quality indicators showed that the practice performance was in line with the CCG average. Analysis of year to date performance demonstrated that improvements had been made. For example:

- 61% of patients with long-term conditions (LTC) had received a holistic comprehensive annual assessment, which included a medication review. (Patients who had LTC on no medication were automatically excluded from this data). The CCG average was 43%. The year to date data for 2017/18 showed that 50% had been completed at the practice compared to a CCG average of 42%.
- 64% of patients with a long-term condition had a completed care plan co-developed with the patient detailing personalised goals and review on an annual basis. The CCG average was 38%. The year to date data for 2017/18 showed that 54% had been completed at the practice compared to a CCG average of 47%.
- 90% of patients with a diagnosis of severe mental health who had a cardiovascular disease risk assessment in the past 12 months. The CCG average was 46%. The year to date data for 2017/18 and found that 40% had been completed at the practice compared to a CCG average of 43%.
- 91% of patients with diabetes whose last recorded specific blood test were within target. The CCG average was 67%. The year to date data for 2017/18 showed that 62% had been completed at the practice compared to a CCG average of 73%.

A dashboard for the indicators was updated monthly and the CCG provided the year to date comparable figures. These were monitored by the practice and the GP and practice manager were aware of how the practice was performing. The practice continued to use the national QOF indicators to monitor performance while the Dudley QOF remained in the implementation stage. The CCG visited the practice twice a year to review the performance.

The practice had a proactive pre-planned audit calendar and clinical staff were encouraged to raise areas of practice they considered would benefit from an audit. For example, the nurses audited cervical cytology and their results to improve practice. Data provided by the practice showed that between April 2017 and September 2017, 71 patients had attended for a smear compared to 40 over the

corresponding period in 2016. The annual uptake target was 81% and the practice had a year to date of 73%. The practice had used the message reminder service to improve the uptake. Patients who did not attend were called by telephone to encourage them to attend. Patients who had not attended for five years were written to and invited with an explanation of why it is so important.

The practice was actively involved in quality improvement activity and incorporated the National Institute for Health and Care Excellence (NICE) guidance into care plans for people with long-term conditions for example atrial fibrillation, and hypertension. The practice pharmacist had completed audits to monitor that treatment was being administered in line with the national guidelines. For example, an audit had been completed on the prescribing of statins for patients with chronic kidney disease (CKD).

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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. This included quarterly one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice used their sister practice to do one to ones using the practice manager to conduct with staff at the Walsall practice. This was introduced to make staff feel comfortable and supported, comparing the progress against their annual appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Support was in place for staff wellbeing, which could have affected performance. For example, the nurse had been supported by CCG staff to improve their knowledge of the clinical system, and supported by the GP to develop their knowledge for managing diabetes.
- There was no formal induction programme but a staff handbook issued to all staff included information on policies and protocols.

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

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

- We saw records that showed appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw that there was good contact with the safeguarding teams, health visitors, and the community healthcare team for more complex conditions.
- Patients received coordinated and person-centred 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 had a framework to ensure that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. A check of the patient records suggested that changes had been made as a result of discussions held but these were not always recorded in the minutes of palliative care meetings held with other healthcare professionals.

## Helping patients to live healthier lives

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

- Support for the national screening programmes was provided by the nursing team who followed up to patients who did not attend or engage when asked to attend.

- 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 health. Support included self-management leaflets for specific long-term conditions. For example, for diabetes.
- 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 and tackling obesity campaigns.

## 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.
- Receptionists understood Gillick competence (the term used to decide whether a child under 16 years of age is able to consent to his or her medical treatment without the need for parental consent or knowledge) and supported teenagers requesting appointments alone. They checked with the GP prior to booking an unaccompanied teenage appointment appropriately.

# Are services caring?

## Our findings

### We rated the practice, and all of the population groups, as good for caring.

At the previous inspection we rated the practice as requires improvement for providing caring services due to the below average performance in the national GP patient survey for patient involvement in planning and making decisions about their care and treatment. We found that the practice had put effective measures in place and the most recently published survey shows that improvements in patient feedback had been achieved.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Four of the comments we received were mixed but contained positive comments around the caring nature of staff mixed with negative comments around the appointment system.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 340 surveys were sent out and 102 were returned. This represented a 30% return rate equivalent to 3.5% of the practice list size. The practice was generally below average for its satisfaction scores on consultations with GPs. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and national average of 89%.
- 72% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and national average of 86%.

- 84% of patients who responded said they had confidence and trust in the last GP they saw; time compared with the CCG average of 96% and the national average of 95%.
- 75% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 86%.

However the results were more positive when patients were asked about their satisfaction during consultations with a nurse:

- 92% of patients who responded said the nurse was good at listening to them; time compared with the CCG average of 93% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw time compared with the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern time compared with the CCG average of 92% and the national average of 91%.
- 79% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The practice were aware of the lower results and had drawn up an action plan to address the issues, with the impact monitored through their own internal survey. The practice had identified that patient dissatisfaction when seeing a GP regularly resulted when patients presented with two or more problems to be told by the GP that only one could be dealt with per consultation. In response, administration time had been introduced into the clinical session to allow clinicians to deal with multiple problems during a consultation when necessary. An increase in the healthcare assistant's clinical time had also been introduced to allow more basic observations to be done alongside the GP. Patient feedback and resultant actions was seen to have been shared with clinicians.



## Are services caring?

The receptionists had received extra training and protocols had been revised to help reception staff deal with patients more effectively. Training included frontline patient handling and the electronic management of tasks, and protocols included handling patient correspondence.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available on the practice website.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer with a flag on both their own notes and those of the patient they cared for. The practice had identified 84 patients as carers (3% of the practice list).

- The practice had developed a carer's assessment and encouraged any patient with caring responsibilities to have an annual assessment to ensure their health and well-being.
- Although the practice did not have a dedicated carers' champion there was a dedicated carer's folder with an information pack that contained leaflets and information for further help and advice.
- Receptionists encouraged new patients to let the practice know if they also had carer responsibilities. Patients were offered a carers form to fill in. There was a structured recall system to invite carers annually for immunisation against flu. All staff had completed carer's awareness training.

- Staff had signed up to the dementia friends training, the practice manager was a member of the dementia friend's group.
- When people were bereaved, the practice normally called the family and sent out a card of condolence, which offered support and an appointment if required.

Results from the national GP patient survey (most recently published in July 2017) showed patients' responses were mixed when asked questions about their involvement in planning and making decisions about their care and treatment. Results were mainly in line with local and national averages for nurses but lower for GPs.

- 74% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%. Steps taken to improve this had resulted in an increase from 69% for the results published in July 2016.
- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG and the national averages of 82%. Steps taken to improve this had resulted in an increase from 67% for the results published in July 2016.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average 85%.

The practice had reviewed the feedback and following discussions at a practice meeting around how this could be improved. As a result, GPs had been asked to ensure patients set their own goals when completing a care plan and GPs had been asked to request which hospital patients preferred to visit when secondary care was required.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups

At the previous inspection we rated the practice as requires improvement for providing responsive services. Previously we found that staff were not aware of the hearing loop at the reception desk to help those with a hearing impairment. At this inspection we found that the hearing loop was clearly accessible, staff were of how to use the device, and a poster on reception made patients aware of the facility. The patient group had been reinvigorated and regular meetings held promoted engagement with the formulation of action plans to improve the underperforming areas in the GP national patient survey. The feedback from the GP patient survey on access to appointments continued to be below average.

### 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. The practice offered extended surgery hours two mornings a week and patients had access to weekend GP appointments through a nearby hub.
- Patients could register to use online services for the booking of appointments and repeat prescription requests. Patients could also use a Clinical Commissioning Group (CCG) commissioned central service for repeat prescription ordering system; via telephone or on line.
- The practice improved services where possible in response to unmet needs. They had engaged with a variety of dedicated campaigns throughout the year to further identify the needs of specific groups of patients and meaningful ways to support them.
- The facilities and premises were appropriate for the services delivered and offered a private room for breastfeeding.
- The practice made reasonable adjustments when patients found it hard to access services with home visits if required and flexible appointments.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

The practice was rated as requires improvement for providing responsive services. This applied to all patients including those in this population group. However we also found areas of positive responsive services in this population group that included:

- 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice had a register of 27 housebound patients who were supported with home visits when required. These patients had long-term condition reviews, flu immunisations and blood tests in their homes.
- General health advice was available on the practice website. This included seasonal cold weather information and advice.

#### People with long-term conditions:

The practice was rated as requires improvement for providing responsive services. This applied to all patients including those in this population group. However we also found areas of positive responsive services in this population group that included:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. 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:

The practice was rated as requires improvement for providing responsive services. This applied to all patients including those in this population group. However we also found areas of positive responsive services in this population group that included:

# Are services responsive to people's needs?

(for example, to feedback?)

- 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 16 were offered a same day appointment when necessary.
- The practice had an in house midwife who held clinics at the practice for pregnant women on a Wednesday.

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

The practice was rated as requires improvement for providing responsive services. This applied to all patients including those in this population group. However we also found areas of positive responsive services in this population group that included:

- 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 two mornings a week. There was also an additional Saturday flu vaccination clinic to support the immunisation programme in October, November and December.
- Telephone consultations with either a GP or a nurse were available which supported patients who were unable to attend the practice during normal working hours
- Online services were available for those who had registered to use them. These enabled appointments to be booked and repeat medication to be ordered on line.

People whose circumstances make them vulnerable:

The practice was rated as requires improvement for providing responsive services. This applied to all patients including those in this population group. However we also found areas of positive responsive services in this population group that included:

- The practice held registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice offered advocacy services to people with learning disabilities when required to ensure that the patients' best interest was supported.

- The practice was proactive in supporting the local authority with patients who required safeguarding support. There was evidence to demonstrate contact with social workers and attendance at multi-disciplinary team meetings for joined up supportive care of these patients.
- The practice hosted palliative care meetings with a range of professionals to ensure those who were approaching end of life had a cohesive plan of care across all agencies.

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

The practice was rated as requires improvement for providing responsive services. This applied to all patients including those in this population group. However we also found areas of positive responsive services in this population group that included:

- Staff interviewed had a good understanding of how to support patients experiencing poor mental health and those patients living with dementia.
- The practice carried out fortnightly visits a local rehabilitation home for patients experiencing poor mental health to improve the general health of patients whose rights were restricted under the Mental Health Act. The practice manager supported the nurse due to the nature of the patients to carry out long-term condition reviews due to a high level of non-attendance. When required, a same day appointment was made with the GP. The practice had focused on dietary advice for this cohort of patients with leaflets and discussions on diet with the nurses.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients could see a GP through the local scheme between 6.30pm and 8pm each week day and between 9am and midday on a Saturday and between 9am and 11am on a Sunday.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The appointment system was easy to use. However patients told us that they experienced delays when making a routine appointment. This was supported by the below average scores in the GP patient survey.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages. For example:

- 69% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 82% and the national average 84%.
- 61% of patients who responded said their last appointment was convenient compared to the CCG average of 80% and the national average 81%.
- 56% of patients who responded described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 34% of patients who responded said they don't normally have to wait too long to be seen time compared to the CCG average of 61% and the national average of 58%.

However, the practice scored above average for patient satisfaction on opening hours and telephone access:

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 79% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.

The practice were aware of the results and had discussed it with staff and the patient group. They had increased the

number of face to face appointments and telephone consultations with GPs and extended the opening hours on two days each week to provide early morning appointments with a GP or nurse.

### 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.

- There was a box for comments and complaints situated in the patient waited area.
- Information on the practice website advised patients what to do should they wish to make a complaint.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed summaries of all and found that they were satisfactorily handled and dealt with in a timely manner. However, the response letter did not inform patients of their right to complain to the Parliamentary and Health Service Ombudsman. On the day, the practice amended the complaint response letter template to include this.
- 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, there had been a complaint about a GP who would only deal with one problem per consultation from a patient who found it difficult to get to the practice. The practice had addressed this from both the complainants' perspective by requesting that GPs do not adopt a policy of one problem per consultation, and from the GP's perspective by adding a catch up appointment slots in to the middle of each clinic.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice, and all of the population groups, as good for providing a well-led service.**

At the previous inspection we rated the practice as inadequate for providing well-led services. Governance arrangements were found to be ineffective and did not reflect best practice. Staff told us that they felt unsupported and pressured due to workloads. At this inspection we found that governance arrangements for recruitment, management of controlled stationary and monitoring of performance had improved. Additional reception staff had been recruited and the management team strengthened with the addition of a clinical pharmacist to take a lead role in quality improvement and contractual compliance.

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice ethos and address risks to it. Since the last inspection, the practice had employed the services of a clinical pharmacist to support the management team, in particular to provide better clinical oversight.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they were planning to review the skill mix and the services provided to ensure best use is made of clinical time.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had a schedule that planned regular practice meetings each month for all staff, multidisciplinary team meetings each month that included associated health professionals and clinical meetings every six to eight weeks.

### Vision and strategy

There was a clear ethos and set of values. The practice aimed to 'achieve the highest operational and clinical standards' and 'to develop a practice where staff value

each other and patients'. The written vision and mission statement set out the values the practice had developed with its staff following the last inspection. It was clearly displayed throughout the practice.

- The practice had developed a business plan and was still in the planning stage. They had identified their priorities, challenges and forward direction.
- Staff were aware of and understood the ethos and values and their role in achieving them.
- The ethos was not specific to the health and social priorities across the region but the practice understood them and demonstrated that it planned its services to meet the needs of the practice population.
- The practice monitored progress against the clinical commissioning group (CCG) target for the Dudley health and social priorities.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance consistent 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. We saw evidence that the practice had applied its duty of candour appropriately to a patient whose form had accidentally been given to another patient having become attached to a prescription unintentionally.
- 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. Reception staff demonstrated a positive and open approach to day-to-day concerns and we saw that they were supported when they raised issues about existing protocols.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

# Are services well-led?

Good 

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

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff told us they felt they were treated equally.

## Governance arrangements

The governance arrangements were supported by clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The practice had a process for reviewing and updating policies and for ensuring that policy governed practice.
- Meetings were preceded by written agendas which included a set of standing agenda items. Minutes were produced after meetings and made available to all staff so those unable to attend were able to update themselves. However, we found that minutes did not always detail the clinical discussion held.

## 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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## 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, for example, as a result of the national patient survey.
- The practice used information technology systems to monitor and improve the quality of care. The practice had frequent dialogue with the Clinical Commissioning Group regarding the new Outcomes for Health and documented this during practice meetings.
- 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. Comments were acted upon and feedback was reviewed and actions agreed on to address under-performing areas.
- There was an active patient participation group (PPG) with seven core members. The group normally met

# Are services well-led?

Good 

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

every six weeks and the meetings were chaired by a patient member. The PPG was actively involved in running additional practice surveys to gain further insight regarding accessibility and appointments. The PPG produced a quarterly newsletter and had a prominent 'you said we did' notice board in the patient waiting area.

- We saw that the practice was responsive to patient requests. For example, a disabled parking space had been marked out in the surgery car park as a result of a patient request.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was evidence of continuous learning and improvement within the practice. For example, the practice had implemented a text messaging service for patient blood results. The service had been pioneered at the practice and shared with other practices within the area that were looking to adopt this.
- Staff knew about improvement methods and had the skills to use them. For example, staff demonstrated a system to ensure all urgent referrals were followed up until the patient had attended secondary care.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Complaints and patient feedback were regarded as a positive means to let the practice know something required improving.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.