Moxley Medical Centre

Quality Report

10 Queen Street, Moxley,
Wednesbury WS10 8TF
Tel: 01902 409515
Website: www.moxleymedicalcentre.nhs.uk

Date of inspection visit: 22 November 2016
Date of publication: 16/03/2017

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Moxley Medical Centre on 22 November 2016. Overall the practice is rated as Inadequate.

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

- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events, but we were told that there had been no incidents or significant events in the past 12 months; therefore we were unable to evidence if reviews or investigations were carried out or discussed.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- Non clinical staff were adding new medicines to patients' records and authorising repeat medicines requested by patients. The provider told us that he did check each prescription, but we found no effective procedure in place to ensure amended prescriptions were not included with regular repeat prescriptions to ensure medicines had been added correctly.
- New employees did not have infection control guidance or training relevant to their role and staff immunisation status was not recorded and no risk assessments had been completed to identify duties undertaken, risks and actions to minimise the risk to staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider must make improvements:

- Ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties and actions to minimise the risk to staff.
- Review current processes for the re-authorising and adding of medicines to patients' records by administration staff to ensure checks are made by a suitably qualified person.
- Ensure an effective system or process is in place to identify if emergency equipment was in working order.
- Ensure the recording of vaccination fridge temperatures follow Public Health England guidelines.
- Ensure that the staff induction programme prepares staff for their role and offers assurance that all staff have received the necessary training to be competent in their role.
- Ensure an effective system is in place to record staff appraisals and document training, learning and development needs.

There were also areas of practice where the provider should make improvements:

- Ensure staff are proactive in identifying incidents and near misses in order to share learning and mitigate future risk.
- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Review current processes for encouraging patients to attend annual learning disability health checks to ensure appropriate reviews are carried out.
- Consider the arrangements in place to share information with all staff to ensure there are systems in place to cascade this information to staff not present at meetings.
- Consider patient feedback in order to improve patient satisfaction scores.
- Ensure all staff are aware of the procedures in place to respond to a major incident or emergency that may disrupt the running of the service.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events, but we were told that there had been no incidents or significant events in the past 12 months; therefore we were unable to evidence if reviews or investigations were carried out or discussed. The practice had clear procedures in place to safeguarded patients from abuse.
- Infection control training was not included as part of the induction training for new staff.
- Emergency medicines and equipment were available, but we found the process for checking the equipment was not effective. For example, there was no record of the oxygen being checked to ensure it was in good working order. Since the inspection the practice has confirmed that a system had been implemented to ensure all emergency equipment is checked on a daily basis.
- The practice held no records of staff immunisation status and no risk assessments had been completed to identify duties undertaken, risks and actions to minimise the risk to staff.
- We found non clinical staff were adding new medicines to patients' records and re-authorising medicines on behalf of the GP. The GP told us that they checked every prescription for accuracy, but we found no effective system in place to ensure amended prescriptions were separated from repeat prescriptions to ensure medicines had been added correctly
- An electric data logger recorded the temperature of the vaccination fridge which was checked on a monthly basis. This did not follow Public Health England guidelines as no regular manual recordings were taken. The data logger did not demonstrate fridge temperatures outside of the required range. However, since the inspection we have received assurances from the practice that they have introduced a system to log vaccination fridge temperatures following a review of nationally recommended guidelines.

Are services effective?

Requires improvement

Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and clinical audits demonstrated quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance, but we found some care plans were not in place for all patients that may benefit from them.
- Staff had the knowledge and experience to deliver effective care and treatment and staff told us they have appraisals, but there was no recorded evidence of appraisals or personal development plans available.
- The practice told us they had not been able to secure regular meetings with other health care professionals in the locality and therefore did not discuss patients' needs formally. Data from the Quality and Outcomes Framework (QOF) most recent published results (2015/16) showed the practice had achieved 82.7% of the total number of points available in comparison to the national average of 95%. Exception reporting rate was 6.9% in comparison to the national exception reporting rate of 10%.

Are services caring?

Requires improvement

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 69% of patients stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern, compared to the CCG average of 84% and the national average of 85%.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice supported the Moxley memory club, which was set up to support patients with memory loss and their families. The club gave patients and their families the opportunity to share experiences and receive support and advice.

Are services responsive to people's needs?

Good

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Summary of findings

- The practice supported a local memory club for patients who were having difficulties with memory loss and also offered a chiropody service to patients aged 65 years and over due to no local service being available.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints were not shared with staff or other stakeholders.

Are services well-led?

Inadequate

- The practice had a strategy to deliver quality care and promote good outcomes for patients, but this was not effective due to the lack of governance arrangements in place.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but governance arrangements were not effective and governance meetings were not held with staff.
- Staff meetings were not held to ensure staff were aware of complaints and significant events and lessons learnt to ensure improved outcomes for patients. Since the inspection, the practice have told us that weekly meetings are scheduled to be held with staff.
- The provider was aware of the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- Arrangements were not effective in monitoring risks to patients including the review of emergency medical equipment to ensure it was fit for purpose and infection control training for new employees.
- Staff told us they had staff appraisals and discussed personal development plans with management, but there were no records of discussions held available.
- Some staff were unaware of a business continuity plan and who to contact in an emergency.
- The patient participation group had been active, but the members of the group told us they had not met since April 2016, but a meeting had been organised for December 2016.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for safe and well led services and requires improvement for effective and caring services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked with multi-disciplinary teams so patients' conditions could be safely managed in the community, we were told meetings were not held with community teams, even though the practice had tried to organise these.
- The practice support pharmacist carried out medicine reviews and held regular meetings with the GP to discuss patient's needs.

People with long term conditions

Inadequate

The practice is rated as inadequate for safe and well led and requires improvement for effective and caring services; this affects all six population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Data provided by the practice showed 69% of diabetic patients had received their flu vaccination; this was lower than the national QOF target of 95%. Since the inspection, we have received further data from the practice to show that 84% of diabetic patients had received their flu vaccination.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and an annual review to check their health and medicines needs were being met. Meetings were not held with other health care professionals or community teams, but patients were referred for further support where appropriate.

Summary of findings

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

Families, children and young people

Inadequate

The practice is rated as inadequate for safe and well led and requires improvement for effective and caring services; this affects all six population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the practice offered a 'drop in' clinic with the nurse for children. Baby changing facilities were not available, but staff told us that if this was required an empty room would be offered.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife undertook an antenatal clinic every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 67% to 100% compared to the CCG average which ranged from 74% to 99%. Immunisation rates for five year olds ranged from 72% to 100% compared to the CCG average of 73% to 99%. Data provided by the practice showed that in the past six months they had achieved over 90% uptake in childhood immunisations which was comparable to the national average of 90%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 77% which was lower than the national average of 82%. Since the inspection data provided by the practice showed an uptake of 81%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for safe and well led and requires improvement for effective and caring services; this affects all six population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered extended hours to suit the working age population, with late evening appointments available once a week.
- Results from the national GP survey in July 2016 showed 70% of patients were satisfied with the surgery's opening hours which was lower than the local average of 81% and the national average of 79%.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for safe and well led and requires improvement for effective and caring services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We found some care plans were in place, but identified some vulnerable patients with no care plans.
- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that 12 patients were on the learning disability register and two had received their annual health checks. The practice sent regular appointments to patients to encourage them to attend their appointments.
- The practice did not meet with other health care professionals in the case management of vulnerable patients and told us they were unable to organise meetings with the district nurses and community teams, but patients who needed further support were referred through the applicable pathways.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and signposted patients to relevant services available.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted the GP if a patient was also a carer. There were 12 patients on the practices register for carers; this was 0.4% of the practice list. Since the inspection

Summary of findings

the practice have reviewed the register and identified some coding issues which they have resolved. The latest data provided by the practice showed 20 carers on the register, which represented 0.6% of the practice list.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for safe and well led and requires improvement for effective and caring services; this affects all six population groups.

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 67% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 78%. We saw no evidence of improvement plans in place to ensure all patients were invited or received an annual review.
- QOF data (2015/16) showed 46% patients with a new diagnosis of depression had been reviewed within 56 days. This was lower than the national average of 65%. Exception reporting rate was 55% which was higher than the national average of 22%. The GP could not provide any reason for the high exception reporting rate.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice supported the Moxley memory club, which was set up to support patients with memory loss and their families. The club met twice a month, with an average of seven patients attending each session.
- QOF data (2015/16) showed 91% of patients had received a care plan in the past 12 months; this was comparable to the national average of 89%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed mixed results in comparison to local and national averages. Three hundred and sixty four survey forms were distributed and 81 were returned. This represented 22% response rate.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Comments included staff were caring and professional and an excellent service was always received.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties and actions to minimise the risk to staff.
- Review current processes for the re-authorising and adding of medicines to patients' records by administration staff to ensure checks are made by a suitably qualified person.
- Ensure an effective system or process is in place to identify if emergency equipment was in working order.
- Ensure the recording of vaccination fridge temperatures follow Public Health England guidelines.
- Ensure that the staff induction programme prepares staff for their role and offers assurance that all staff have received the necessary training to be competent in their role.
- Ensure an effective system is in place to record staff appraisals and document training, learning and development needs.

Action the service SHOULD take to improve

- Ensure staff are proactive in identifying incidents and near misses in order to share learning and mitigate future risk.
- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Review current processes for encouraging patients to attend annual learning disability health checks to ensure appropriate reviews are carried out.
- Consider the arrangements in place to share information with all staff to ensure there are systems in place to cascade this information to staff not present at meetings.
- Consider patient feedback in order to improve patient satisfaction scores.
- Ensure all staff are aware of the procedures in place to respond to a major incident or emergency that may disrupt the running of the service.

Moxley 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 Moxley Medical Centre

Moxley Medical Centre is a practice located in Wednesbury, an area of the West Midlands. The practice is situated in a purpose built; 2-storey building which was opened in January 2000. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well

as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 3,100 patients in the local community. The lead GP (male) has the support of a nursing team which consists of one practice nurse and one health care assistant. No female GP was available. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by the practice are below the national average ranked at two out of ten, with ten being the least deprived.

The practice is open to patients between 8am and 6pm on Monday to Thursday and 8am to 12.30pm on Friday. Extended hours appointments are available 6.30pm to 7.15pm on Thursday. Telephone consultations are available if patients requested them; home visits were also available for patients who are unable to attend the surgery. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and NHS 111 service and information about this is available on the practice website.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 November 2016. During our visit we:

- Spoke with a range of staff including GP, practice nurse, practice manager and reception/administration staff.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, but we were told that there had been no incidents or significant events in the past 12 months, therefore we were unable to evidence if reviews or investigations were carried out or discussed. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

All alerts were received by the practice manager and forwarded on to the clinical team for action, this included safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. We reviewed the alerts and found an effective system in place for acting on information received.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Staff had completed training relevant to their role in this area. The GP was trained to child safeguarding level 3.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. We identified that staff carrying out this role had a Disclosure and Barring Service (DBS) check in place. (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).
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However we identified gaps in the infection prevention and control procedures, we found there were no cleaning schedules in place for medical equipment to ensure that it had been cleaned after each use. There was an infection control protocol in place and annual infection control audits were undertaken. The last audit had been completed in April 2016 and the practice had achieved 92%. The audit had identified that non clinical staff had not received up to date training. On the day of inspection, the practice was unable to confirm that staff had completed this. Since the inspection we have received confirmation that staff had completed infection control training, but this training was not included in the induction for newly employed staff. We also found staff immunisation status was not recorded and no risk assessments had been completed to identify duties undertaken, risks and actions to minimise the risk to staff and patients.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not effective (including recording and storing). The practice did not follow Public Health England guidelines for the recording of vaccination fridge temperatures and solely relied on a data logger system which they reviewed once a month for discrepancies. We were told on the day of inspection that an alarm sounded if there was an error with the fridge temperatures, but no manual recording was completed and therefore there were no assurances that the readings gathered monthly were correct. Since the inspection we have received assurances from the practice that they have introduced a system to log vaccination fridge temperatures following a review of nationally recommended guidelines.
- Some processes were in place for handling repeat prescriptions which included the review of high risk medicines; however we identified that non clinical staff added new medicines prescribed by hospitals on to patient's records and also re-authorised repeat medicines. The practice carried out regular medicines audits, including a prescribing audit, which identified staff re-authorising repeat medicines as a having a

potentially negative impact. The practice had not acted on the outcomes of the audit, but the GP assured us that he checked each prescription and hospital letter once staff had actioned the changes.

- We found no effective system in place to ensure amended prescriptions were separated from regular repeat prescriptions to monitor accuracy.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of instructions detailing conditions under which prescription medicine can be supplied to patients without a prescription).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and references. Qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been completed for clinical staff.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments and we found that fire alarms were tested on a weekly basis. Regular fire drills were not carried out, but staff were aware of the evacuation procedures in the event of an emergency.
- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, but we found that there were no arrangements in place to check oxygen was in working order. Since the inspection the practice has confirmed that a system had been implemented to ensure all emergency equipment is checked on a daily basis.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was in draft form and had not been finalised.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 82.7% of the total number of points available; this was lower than the national average of 95%, but a slight improvement on the 2014/15 results of 81.9%. Exception reporting for 2015/16 was 6.9% which was lower in comparison to the national average exception reporting of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 51% which was lower than the CCG average of 93% and the national average of 90%. Exception reporting rate was 5% which was lower than the national average of 11%.
- Performance for mental health related indicators was 89% which was lower than the CCG average of 94% and the national average of 93%. Exception reporting rate was 1%, which was lower than the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 71% which was lower than the CCG average of 96% and the national average of 96%. Exception reporting rate was 3%, which was lower than the national average of 12%.

Findings were used by the practice to improve services. For example, the practice had undertaken the Royal College of General Practitioners (RCGP) diabetes project to focus on the improvement of identified quality outcomes of QOF to ensure patients received the appropriate reviews. For example, QOF results had shown low outcomes for the recording of tests for albumin creatinine ratio and cholesterol. ACR is a test for the detection of small amounts of albumin (protein) in the urine. The practice aimed to achieve an increase in ACR uptake to 85% and the reduction of 70% of patients' cholesterol levels to 5mmol/l or below. Reception staff were given a diabetes register and organised patients for Albumin Creatinine Ratio (ACR) and cholesterol blood tests. The number of patients who had urine ACR and cholesterol tests was recorded between September 2015 to June 2016. The results showed that 85% patients had received an ACR test and 72% of patients had cholesterol equal or below 5mmol/l.

There was evidence of quality improvement including clinical audit.

- The practice had completed a range of clinical audits in the last 12 months; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had participated in an audit to review antibiotic prescribing. During April 2016 to June 2016 the practice had seen a 32% reduction in prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality, but did not include infection prevention and control.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competency. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidating GP. Staff told us they had received an appraisal within the last 12 months, but there was no documented evidence available to confirm this.
- Staff received some training that included: fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

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

The practice told us they had tried to engage with other health and social care services, but this had not been effective. They provided an example of a multi-disciplinary team meeting that had taken place, but there was no recorded evidence of this and further dates had not been confirmed, though the practice assured us they had tried to organise regular meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were lower than the CCG and national averages. For example,

- 63% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.
- 44% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Requires improvement

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 100% which were comparable to the CCG averages of 74% to 99%. Immunisation rates for five year olds ranged from 72% to 100% which were comparable to the CCG average of 73% to 99%. Data provided by the practice showed that in the past six months they have achieved over 90% uptake in childhood immunisations which was comparable to the national average of 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information on health assessments, including vaccinations such as shingles were on display to encourage patients to have regular reviews and appropriate protection against infections.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were pleased with the service and staff were polite and welcoming and treated them with dignity and respect.

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

Results from the national GP patient survey showed satisfaction scores for consultations with the GP were lower than the CCG and national averages, but patients we spoke with on the day told us they were treated with compassion, dignity and respect. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

Results for confidence and trust in the GP showed:

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

The practice satisfaction scores for consultations with nurses showed:

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice had not reviewed the results of the GP patient survey in order to develop an action plan for improvements or discussed the outcomes with staff or the patient participation group.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed some patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results for the GP were lower than local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Results for nurses showed:

Requires improvement

Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted the GP if a patient was also a carer. The practice had identified 12 patients as carers, which represented 0.4% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Since the inspection the practice have reviewed the carers register and identified some coding issues which they have resolved. The latest data provided by the practice showed 20 patients on the carers register, which represented 0.6% of the practice list.

The practice supported the Moxley memory club, which was set up to support patients with memory loss and their families. The club meets met twice a month, and was run by volunteers with the support of the practice manager and a dementia support worker. We were told that on average seven patients attended each session. The club gave patients and their families the opportunity to share experiences and receive support and advice.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a healthy feet clinic for patients aged 65 years and over as no chiropody service was available locally.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- Extended hours appointments were offered on Thursday evening from 6.30pm to 7.15pm
- Home visits were available for older patients and patients who were unable to attend the practice.
- Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the practice.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- A minor ailment clinic was held by the practice nurse every afternoon after 3pm for school children who needed to be seen.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were accessible facilities for patients with a disability and translation services available.
- There was a hearing loop at the practice and patients with hearing difficulties had alerts added to their medical records.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- The practice offered a chiropody service every two weeks for patients aged 65 years and over as there was no service available locally. The practice told us that on average 12 patients were seen each month.

Access to the service

The practice was opened between 8 am to 6pm Monday, Tuesday, Wednesday and Thursday, and 8am to 12.30pm Friday. Appointments were from available from 9am to 11am on Monday morning and 9.30am to 11.20am Tuesday to Friday morning. Afternoon appointments were available from 4.30pm to 5.30pm on Monday, 4.30pm to 5.50pm Tuesday, 2.30pm to 5.20pm Wednesday and Thursday. There were no afternoon appointments available on Friday.

Extended hours appointments were offered at 6.30pm to 7.15pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment mixed in comparison to local and national averages. For example:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and had no difficulties in accessing the service.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, but we found this was not effective.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the past 12 months, we saw evidence to confirm these had been actioned. However we found no evidence of learning being shared with staff or stakeholders to ensure quality of care was improved.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a strategy to provide primary health care to patients. We spoke with four members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients on the day of the inspection was positive about the care received.

Governance arrangements

The practice had some governance arrangements in place, but we found areas where the governance framework was not effective in delivering the strategy. For example:

- There was no system in place to ensure the emergency oxygen cylinder was in working order. On the day of inspection we found the oxygen cylinder showed as red to indicate extremely low levels of oxygen in the cylinder. Since the inspection the practice has confirmed that a system had been implemented to ensure all emergency equipment is checked on a daily basis.
- Staff told us they receive regular appraisals and reviews, but we found no evidence of discussions being documented or personal development plans in place.
- Staff meetings were not held to ensure staff were aware of complaints and significant events and lessons learnt to ensure improved outcomes for patients. Since the inspection the practice have told us that weekly meetings are scheduled to be held with staff.
- There was no system in place to ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties undertaken, risks and actions to minimise the risk to staff.
- Staff were allowed to authorise repeat medicines and add on new medicines and changes received from the hospital. A prescribing audit, identified this action as a having a potentially negative impact. The practice had not acted on the outcomes of the audit, but the GP assured us that he checked each prescription and hospital letter once staff had actioned the changes.
- We found no effective system in place to ensure amended prescriptions were kept separately from regular repeat prescriptions to monitor accuracy of information added by non-clinical staff.
- The recording of fridge temperatures did not follow Public Health England guidelines; however since the inspection we have received assurances from the practice that they have introduced a system to log vaccination fridge temperatures following a review of nationally recommended guidelines.
- Some staff were unaware of the procedures in place to respond to a major incident or emergency that may disrupt the running of the service.

Leadership and culture

Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the practice told us they had no significant events or incidents reported in the past 12 months.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the GP and practice manager.

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

The practice did not encourage feedback from patients and the public. It did not seek patients' feedback or engage patients in the delivery of the service.

- The patient participation group (PPG) had five regular members, but meetings had not been held since April 2016. The group told us a meeting was planned for December 2016. We found no information about the PPG on display in the practice to encourage patients to join.

Are services well-led?

Inadequate

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

- The practice told us they had gathered feedback from staff through appraisals, but there was no evidence to corroborate this. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had not reviewed the results of the GP patient survey in order to develop an action plan for improvements or discussed the outcomes with staff or the patient participation group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Providers must assess the risks to people's health and safety during any care or treatment. **How this regulation was not being met:** • The proper and safe management of medicines was not evident with non-clinical staff were adding new medicines and re-authorising medicines on patients records. • No cleaning schedules were in place for medical equipment to ensure that it had been cleaned after each use. • Staff immunisation status was not recorded and no risk assessments had been completed to identify duties undertaken, risks and actions to minimise the risk to staff and patients.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Providers must have effective governance, including assurance and auditing systems and processes. Systems and processes must assess, monitor and mitigate any risks relating to the health and safety and welfare of people using services. **How this regulation was not being met:** • The provider did not have a system or process in place to enable them to identify if emergency equipment was in working order.

This section is primarily information for the provider

Requirement notices

- The provider did not follow the recommended guidelines of Public Health England in the logging of vaccination fridge temperatures.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.** **How this regulation was not being met:** • The provider had not included infection control training in the induction of newly employed staff to ensure staff were skilled and competent to carry out their roles. • The provider had no effective system in place to record staff appraisals and document training, learning and development needs. .