

Fordhouses Medical Centre

Quality Report

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Date of inspection visit: 13 July 2016
Date of publication: 31/10/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Fordhouses Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fordhouses Medical Centre on Wednesday 13 July 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns and to report incidents and near misses; however the practice did not have a formal system in place for the ongoing monitoring of significant events, incidents and accidents.
- Arrangements were not in place to ensure that all risks to patients were assessed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice was equipped to treat patients and meet their needs.

- The practice had a programme of continuous clinical and internal audit in order to monitor quality and make improvements.
- The practice had not ensured that all staff attended training to update their knowledge and skills relevant to their role.
- 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 but not easily accessible to patients.
- Patients were concerned about the length of time they waited to get a routine appointment and the time spent waiting to be seen at an appointment.
- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider must make improvements:

Summary of findings

- Complete employment checks as required by legislation for all staff employed and ensure information in respect of persons employed by the practice is held.
- Ensure staff members undertaking chaperone duties have received a satisfactory DBS check or have been risk assessed in the absence of a DBS check.
- Introduce a system to demonstrate the action taken in relation to medicine alerts.
- Ensure that staff performing clinical tasks, who are not professionally registered, are competent and have appropriate supervision and support.
- Ensure the practice undertakes a Legionella risk assessment.
- Review the practice's system for the ongoing monitoring of significant events, incidents, near misses and sharing safety alerts with staff with a view to preventing further occurrences and, ensuring that improvements made are appropriate.
- Review staff training to ensure that all staff have the appropriate training and skills to carry out their role.
- Review systems so that patients have ease of access to complaint leaflets and do not have to ask for them.
- Consider pro-actively identifying carers and establishing what support they need.
- Review the arrangements for recording minutes of meetings so that staff involvement in decisions made are clearly demonstrated.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have a formal system in place for the ongoing monitoring of significant events, incidents and accidents to ensure that any changes made as a result were appropriate.
- Arrangements were not in place to ensure that all risks to patients were assessed and well managed. There were weaknesses in the processes for recruiting staff, handling medicine alerts and a full legionella risk assessment had not been completed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the England average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had not ensured that all staff attended training to update their knowledge and skills relevant to their role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was involved in a shared care initiative with a local community memory clinic to support the care of patients with dementia.
- Patients were concerned about the length of time they waited to get a routine appointment and the time spent waiting to be seen at an appointment. Urgent appointments were available the same day.
- The practice was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available but complaint leaflets were not easily accessible to patients. Improvements were made to the quality of care as a result of written complaints and concerns.

Are services well-led?

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

Requires improvement



- The practice had a vision and strategy and staff were clear about the vision and their responsibilities in relation to this.
- Governance for clinical risks such as medicines, changes in patient care and treatment and acting on information about patient care had been well managed.
- Governance for processes designed to keep patients, staff and visitors safe was mixed. We saw areas of increased risk in relation to the processes for recruitment of staff and the risk from legionella.
- Staff told us that they felt supported, although not all had received a recent appraisal. We saw that the clinical scope of practice was not clearly defined for the role of the healthcare assistant.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice took the opportunity to check the health of older people during the annual flu campaign, especially to older people who are housebound.
- The practice introduced a buddy system to support patients over the age of 85 years. This involved the receptionists contacting an allocated number of these patients daily to check on their wellbeing.

Requires improvement



People with long term conditions

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was %. Clinical Commissioning Group (CCG) average of 91% and England average of 90%. COPD is the name for a collection of lung diseases.
- Longer appointments and home visits were available when needed.
- Patients had an annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 82%, which was higher than the local CCG average of 78% and the same as the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safe and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 90%, which was higher than the local CCG average of 82% and England average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Clinical data for the year 2014/15 showed that 91% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed that the practice had scored lower in some areas when compared with the local and England averages. A total of 402 surveys (11.7% of the patient list) were sent out and 109 (27%) responses were received, which was equivalent to approximately 3.2% of the patient list.

- 67% of the patients who responded said they found it easy to get through to this surgery by phone compared to the local Clinical Commissioning Group (CCG) average of 70% and an England average of 73%.
- 79% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, England average 85%).
- 66% of the patients who responded said they would recommend their GP surgery to someone who was new to the local area (CCG average 73%, England average 79%).
- 85% of the patients who responded said they found the receptionists at this practice helpful (CCG average 85%, England average 87%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our inspection. We received eight comment cards which were all positive. Patients said that staff were always caring, friendly and helpful. We spoke with two patients on the day of our inspection and their comments were in line with the comments received.

The practice monitored the results of the friends and family test monthly. The results for April 2015 to June 2016 showed that 111 responses had been completed and of these, 30 (27%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 52 (47%) patients were likely to recommend the practice. The number of patients that were neither likely nor unlikely to recommend the practice was 11 (10%), 15 (13%) patients were unlikely, two (1.8%) patients were extremely unlikely to recommend the practice and two patients did not know if they would recommend the practice. Comments made by patients in the family and friends tests related to waiting times and appointments. These comments were discussed at the practice participation group meetings and staff meetings.

Areas for improvement

Action the service **MUST** take to improve

- Complete employment checks as required by legislation for all staff employed and ensure information in respect of persons employed by the practice is held.
- Ensure staff members undertaking chaperone duties have received a satisfactory DBS check or have been risk assessed in the absence of a DBS check.
- Introduce a system to demonstrate the action taken in relation to medicine alerts.
- Ensure that staff performing clinical tasks, who are not professionally registered, are competent and have appropriate supervision and support.
- Ensure the practice undertakes a Legionella risk assessment.

Action the service **SHOULD** take to improve

- Review the practice's system for the ongoing monitoring of significant events, incidents, near misses and sharing safety alerts with staff with a view to preventing further occurrences and, ensuring that improvements made are appropriate.
- Review staff training to ensure that all staff have the appropriate training and skills to carry out their role.
- Review systems so that patients have ease of access to complaint leaflets and do not have to ask for them.
- Consider pro-actively identifying carers and establishing what support they need.
- Review the arrangements for recording minutes of meetings so that staff involvement in decisions made are clearly demonstrated.

Fordhouses Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser.

Background to Fordhouses Medical Centre

Fordhouses Medical Centre is located in a residential area of Wolverhampton. The practice provides medical services to approximately 3,426 patients over two sites. The main practice is based at 68 Marsh Lane, Wolverhampton WV10 6RU and the branch practice is located at Pendeford Health Centre, Whitburn Close, Pendeford, Wolverhampton WV9 5NJ. For this inspection a visit was made to the main practice only. The practice has good transport links for patients travelling by public transport. There is limited parking available for patients travelling by car. There is level access and services are provided to patients on the ground floor of the premises. Although the practice is small, all areas on the ground floor are accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The staff team at the practice consists of one lead GP (female), who is full time and works ten sessions across the two practices and two regular locum GPs (one female and one male), who work part time. The clinical practice team includes two locum practice nurses who each work two sessions (one day) per week and a healthcare assistant who is also part time and works 16.5 hours per week. The

clinical staff are supported by a business manager, an administrative manager, and five receptionists/administration staff. In total there are 12 staff employed part time and the lead GP works full time.

The main practice is open Monday and Friday between 8am and 6.30pm. The branch practice is open Monday, Tuesday, Wednesday, and Friday from 9am to 6pm and Thursday from 9am to 1pm. The practice does not provide an out of hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services. It provides Directed Enhanced Services, such as minor surgery, baby checks, childhood immunisations and care of patients with chronic diseases. Fifty two percent of the practice patient population are aged 18 years and under compared to the local average of 40% and England average of 38%. The percentage of patients aged 65 plus registered at the practice 13% is lower than the local and England average of 27%. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. The level of income deprivation affecting children of 29% is higher than the England average of 20%. The level of income deprivation affecting older people is higher than the England average (28% compared to 16%).

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 13 July 2016.

During our inspection we:

- Spoke with a range of staff including a GP, healthcare assistant, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members and reviewed how the personal care and treatment of patients was monitored to ensure their needs were safely met.
- 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.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events and staff we spoke with were aware of their responsibilities to raise concerns. Staff told us they would inform the administration manager or GP of any incidents and these were then discussed at practice meetings. 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). The GP received medicine and safety alerts but there was no evidence that appropriate systems were in place to demonstrate they were acted on.

Significant event recording forms showed that incidents were discussed with the lead GP, administration manager, member of staff involved and patient where appropriate. These records included details of the learning and action taken. Although complaints and significant events were included on the agenda, there was no evidence in the minutes of practice meetings to demonstrate discussions about significant events and that lessons learnt had been shared with the wider practice team of staff. There was no evidence of an ongoing review to ensure that any changes made were appropriate.

Records we looked at showed that five significant events had occurred over the last 12 months. One of the events reported identified the possible misuse of medicines. The incident was discussed with the GPs and reception staff. Changes were made to ensure consistency in clinical reviews and systems put in place to monitor the issuing of prescriptions. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems in place to keep patients safe and safeguarded from the risk of abuse. The lead GP was the lead for safeguarding vulnerable adults and children. Staff were aware of who the lead was and who they should speak to if they had a safeguarding concern. Training

records we examined showed that most staff had received safeguarding training related to children at the level appropriate to their role but had not received training related to vulnerable adults. Evidence was available to show that this training had been booked for the remaining staff. We found that staff were knowledgeable about safeguarding and knew how to recognise signs of abuse in children and vulnerable adults. Staff knew how they would raise their concerns and where to find contact details for the relevant agencies. Policies were in place that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice shared two examples of suspected safeguarding concerns which had been referred to relevant professionals linked to the practice and the safeguarding and child protection teams.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. We found that not all staff that carried out this role had a Disclosure and Barring service (DBS) check completed to confirm that they were suitable and safe to undertake this role or had a risk assessment in place to explain why a DBS was not necessary. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. Comments received from patients also confirmed this. There were cleaning schedules in place and cleaning records were kept. There was an infection control protocol and staff had received training. The practice had achieved a general audit score of 95% for its ratings in a local Clinical Commissioning Group (CCG) infection prevention and control audit. This score meant that the practice had met the standard set by the local CCG. We saw evidence that action had been taken to address any improvements identified as a result. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. Clinical staff had received occupational health checks for example, hepatitis B status. Following the inspection the practice sent us information to confirm that staff identified for a follow up check of their hepatitis B status had been followed up.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

We reviewed the staff files for five staff employed at the practice. We found that these were not consistently complete to confirm that appropriate recruitment checks which had been undertaken prior to employment for all staff. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Evidence was not available to confirm that the lead GP, practice nurses and the healthcare assistant had DBS checks completed. The practice had employed the same locum GPs at the practice for the past few years. We found that the practice had followed its policy to complete all employment checks for the GP locums and evidence was in place to confirm their suitability to work safely with patients.

Monitoring risks to patients

The practice had procedures in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed. Regular fire drills had been carried out. Evidence showed that fire risk assessments had been carried out and checks made on fire extinguishers, fire signs, panic alarms and smoke detectors. The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). However records available did not show

that a full assessment of the water system to identify areas at risk of developing the legionella bacterium and any that may already be infected had been completed. The practice was unaware that only a partial assessment had been completed. The administration manager and lead GP assured us that this would be followed up. All electrical equipment had been checked in February 2016 to ensure the equipment was safe and clinical equipment had been calibrated in July 2015 to ensure it was working properly.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with 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 had received recent annual update training in basic life support. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. Systems were in place to ensure emergency equipment and medicines were regularly checked. 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.

The practice had a business continuity plan in place for responding to emergencies such as loss of premises, power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. A copy of the plan was also kept of site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The lead GP could clearly outline the rationale for their approach to treatment. They were familiar with current best practice guidance. 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 were 99.5% of the total number of points available. This was higher than the local Clinical Commissioning Group (CCG) average of 92% and the England average of 95%. The practice clinical exception rate of 8.8% was higher than the local CCG average of 7.5% but lower than the England average of 9.2%. Clinical 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 not an outlier for any QOF (or other national) clinical targets. Further practice QOF data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was higher than the local and England average (81% compared to the local average of 75% and England average of 78%). The practice clinical exception reporting rate of 13.9% showed that it was higher than the local average of 6.4% and the England rate of 8.7%.
- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of

breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 96%. This was higher than the local CCG average of 91% and England average of 90%. COPD is the name for a collection of lung diseases. The practice clinical exception reporting rate of 4% showed that it was lower than the local average of 6.8% and England average of 11.1%.

- Performance for mental health related indicators was higher than the local CCG and England averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 91% compared to the local CCG and England average of 88%. The practice clinical exception rate of 4.2% for this clinical area was lower than the local CCG average of 8.7% and England average of 12.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was higher than the local CCG and England average (90% compared to the local CCG average of 82% and England average of 84%). The practice clinical exception rate of 9.1% for this clinical area was higher than the CCG average of 7.7% and the England average of 8.3%.

The practice had performed well overall when compared to the local CCG and England averages. To practice monitored its exception reporting rates. It had a call and recall system in place to ensure that patients who failed to attend appointments were followed up. The GP attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed.

Clinical audits were carried out to improve care, treatment and patients' outcomes. The practice told us that they had completed five audits over the past 12 months. Two of the audits looked at whether the procedures followed at the practice when providing specific contraceptive care met national standards. One of the audits looked at fourteen randomly selected patients for the 12 months period April 2014 to March 2015 and found that seven (78%) of the nine standards had been exceeded. The audit was repeated in

Are services effective?

(for example, treatment is effective)

April 2016 for the 12 months period April 2015 to March 2016 and showed improvements in the two areas. One of the remaining three audits completed was related to minor surgery and had two cycles completed.

Effective staffing

The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Evidence showed that the GPs had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, clinical supervision and support for revalidating GPs. The administration manager told us that the nurses were attending role-specific training and updating. We found that staff appraisals were not up to date for example, records showed that the healthcare assistant's last appraisal was carried out in 2014.

The healthcare assistant carried out an extended role when providing care to patients and carried out duties which included monitoring patients with long term conditions, wound management and high blood pressure. The job description for the healthcare assistant (HCA) stated that they would work under indirect supervision of a practice nurse. We found that a GP or nurse was not always present at the practice when the HCA was seeing patients, however they had indirect access when needed via the phone.

Evidence was not available to confirm that the HCA had received specific training which had included an assessment of competence. The GP was also unsure as to whether the practice indemnity insurance also covered the healthcare assistant. Evidence available showed that the healthcare assistant had received some training, however not all training was current to ensure their knowledge and skills were up to date and that training relevant to their role was completed. For example the HCA had received training related to wound care in 2008 and attended an update in diabetic care in January 2016. There was no evidence to demonstrate that the type and level of training completed by the healthcare assistant reflected the full scope of their role. We also found that the practice did not have appropriate protocols in place so that the HCA had clear guidance as to when patients should be referred to a GP. For example, one of the HCA roles was the monitoring of

patients' blood pressure. The protocol available was not specific to the practice and the contents discussed medicines and treatments for high blood pressure which were not relevant to the healthcare assistant's role.

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 risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patient's to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The GP told us that meetings and telephone discussions take place with the local community matron and palliative care specialist nurses group of professionals to discuss the care of patients. The practice monitored and ensured that care plans were routinely reviewed and updated. The practice also worked with the community learning disability team to provide shared care to patients with a learning disability, which included carrying out joint annual health care assessment clinics.

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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments

Are services effective?

(for example, treatment is effective)

such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records. 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. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website. The practice provided a service to 14 patients with a learning disability and ensured they had access to appropriate health assessments and checks. Twelve of these patients had received an annual health check at the time of the inspection.

The practice had a comprehensive screening programme. Travel vaccines, childhood immunisations and influenza vaccinations were offered in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for most childhood immunisations was comparable to the local CCG average. For example, the practice childhood immunisation rates for children:

- under two years of age ranged from 81% to 92%, (England average 74% to 96%),
- aged two to five 75% to 95%, (England average 84% to 96%)
- aged five year olds from 65% to 95%, (England average 77% to 95%)

Data collected by NHS England for 2014/15 showed that the practice performance for the administration of meningitis C vaccinations was significantly lower in the age groups of two to five (75% compared to the England average of 84%) and five years old (65% compared to the England average of 77%). The practice was aware of this and ensured that children who did not attend appointments were followed up and reported to the relevant professionals.

The practice's uptake for the cervical screening programme was 82%, which higher than the local CCG average of 78% and similar to the England average of 82%. The exception reporting rate for the practice of 3.24% was lower than the local CCG and England average of 6.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The performance rates for the practice in these areas were similar to the local CCG and England averages.

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. The area around the reception desk was kept clear to promote confidentiality. Patients were encouraged to queue away from the desk and not stand directly behind a patient speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said 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 results published in July 2016 showed that the patient responses to their satisfaction with consultations with GPs were above average but below average for nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 83% and the England average of 89%.
- 85% of patients said the GP gave them enough time compared to the local CCG average of 83% and the England average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 93% and the England average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 80% and the England average of 85%.
- 83% of patients said the nurse was good at listening to them compared to the local CCG average of 90% and the England average of 91%.

- 88% of patients said the nurse gave them enough time compared to the CCG average of 91% and the England average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared to the local CCG average of 96% and the England average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 88% England average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 85% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2016 showed that patient satisfaction were similar to the local CCG and England averages for how GPs involved them in planning and making decisions about their care and treatment but below average for nurses. For example:

- 76% of the patients who responded said the last GP they saw was good at explaining tests and treatments which was the same as the local CCG average of 76% and lower than the England average of 82%.
- 81% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, England average 85%).
- 83% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 88%, England average 91%).
- 75% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, England average 85%).

The practice was aware of the areas in which they were performing lower than the local and England averages and followed up these results when carrying out patient surveys at the practice. For example the practice had recruited additional staff to improve patient access to nurses.

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. Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets were available for carers in the patient waiting area which told patients how to access a number of support groups and organisations. There were 22 carers on the practice carers register, which represented 0.6% of the practice population. The practice's computer system alerted the GPs if a patient was also a carer. Patients who were identified as carers were offered a flu vaccination and health checks. Written information was available to direct carers to the various avenues of support available to them.

The practice had a bereavement policy in place. This detailed the action to be taken when a patient registered with the practice died. Staff told us that if families had suffered bereavement, the GP contacted them and a sympathy card was sent to the family from all the staff at the practice. Staff said that patients were offered a consultation at a flexible time and location, which could be a visit to the family home if appropriate. Leaflets and other written information on bereavement was available for patients in the waiting area and on the practice website. Families and carers were signposted to support services such as bereavement counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- The practice maintained a register of vulnerable patients which included patients identified as homeless and travellers. Homeless patients were provided with a password they could use when contacting the practice to help maintain their dignity and confidentiality.
- Patients presenting with memory problems were appropriately assessed to confirm or exclude dementia. The practice was involved in a shared care initiative with a local community memory clinic to support the care of patients with dementia.
- Patients experiencing poor mental health were assessed by a GP and referred where appropriate to local services or a psychiatrist if their mental health was deteriorating. Young patients were referred to early intervention community teams.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice offered online access to make appointments and ordering repeat prescriptions.
- Telephone consultations were available every day after morning and evening clinics.
- Translation and interpreter services were available to patients whose first language was not English.
- Facilities for patients with mobility difficulties included level access to the doors of the practice and adapted toilets for patients with a physical disability.

Access to the service

The main practice was open Monday to Friday between 8am and 6.30pm. The branch practice was open Monday, Tuesday, Wednesday, and Friday from 9am to 6pm and Thursday from 9am to 1pm. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service provided by Vocare via the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local CCG and England averages.

- 70% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and England average of 78%.
- 67% patients said they could get through easily to the practice by phone (local CCG average 70%, England average 73%).

Access to the practice and the appointment system was continuously reviewed by the practice to make improvements and improve patients' experience. Improvements made included increasing the number of telephone consultations carried out and increasing clinical staff sessions.

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. The practice operated a telephone triage system and patients were contacted following the morning and evening clinics. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Information in the patient leaflet and on the practice website informed patients to contact the practice after 10.30am if they required a home visit. The priority of the visit was based on the severity of their condition. The GP made a decision on the urgency of the patients' need for care and treatment and the most suitable place for this to be received.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However the system we observed were not in line with recognised guidance and contractual obligations for GPs in England. For example, information on how patients could make a complaint was not easily

Are services responsive to people's needs? (for example, to feedback?)

accessible to patients and there was no poster in the waiting area. Patients were not made aware that they had to ask reception staff for a complaint leaflet. The administration manager was the designated responsible person who handled complaints at the practice. The practice did not maintain a log of verbal complaints

received. The practice had received three complaints in the last 12 months. We reviewed each complaint as part of the inspection and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to provide high quality care with compassion, empathy and through innovation promote good outcomes for patients. Staff and patients felt that they were kept informed about any future plans for the practice. For example the practice sought the views of patients and input of the patient participation group (PPG) on improvements that could be made at the practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. The PPG chair attended the local PPG forums and discussed new ideas with the practice group. The practice discussed the contents of the practice website with the PPG when it was being built. Staff told us that the practice vision was shared and discussed at staff appraisals.

Governance arrangements

Governance within the practice was mixed. We saw examples of risks that had been well managed:

- Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included for example, the arrangements for the safe recruitment of staff.
- Practice specific policies and procedures were implemented. Records showed that they were regularly updated and were easily accessible to all staff.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- The practice supported staff to attend health and safety related training such as fire safety but did not have arrangements in place to ensure that staff received training relevant to their roles.
- The practice did not have a formal system in place for the ongoing monitoring of significant events, incidents and accidents to ensure that any changes made were appropriate.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). The GP and the management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support, relevant information and a verbal and written apology.

There was a clear leadership structure in place and staff told us that they felt supported.

The patient participation group was active and staff felt supported by the management team. 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. We found that the minutes did not provide details of the discussions that had taken place at the meetings. The agenda and minutes of meetings showed that significant events, complaints, and issues related to safety and risks were included on the agenda. However the minutes of meetings did not show that these were discussed and reflect staff involvement.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, which included the outcome of friends and family surveys, online feedback about the practice and complaints received. The outcome of a recent practice patient survey identified the concerns raised by patients related to staff attitude, the practice appointment system and waiting times at appointments. The feedback received from surveys was discussed with the PPG. The PPG met regularly, brought new ideas that were shared at the local PPG forum to the meetings and submitted proposals for improvements to the practice management team.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run. Staff told us they felt involved and engaged to improve how the practice was

Are services well-led?

Requires improvement 

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

run. The outcome of the patient survey was also discussed with staff to include their involvement on improvements that could be made. An action plan was put in place to monitor and address patients concerns.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this. However there was limited documentation to demonstrate learning, action to be taken and the ongoing monitoring to demonstrate that the action taken was appropriate.

The practice took part in local pilot schemes to improve outcomes for patients in the area. The most recent initiative was called 'TWIRL' (The Wolverhampton Integrated Respiratory Lifestyle) project. The group offered patients advice and support from healthcare professionals as well as the opportunity to socialise with others living with COPD. The support group had been established to help patients with this illness to socialise and cope with their condition. COPD is the name for a collection of lung diseases.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not taken action to ensure that: <ul style="list-style-type: none">a method of assessing that staff working in a clinical capacity, who were not professionally registered, were competent to perform the duties assigned.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems or processes in place to: <ul style="list-style-type: none">manage medicine safety alerts. The system was not clearly defined and no records to detail the action taken were held.ensure that they had assessed all risks to the health and safety of service users by carrying out a full legionella risk assessment at the practice.ensure that all staff who acted in a chaperone capacity had a DBS check completed.ensure that a consistent method of providing appraisals to all staff employed at the practice was in place.