

# Dartmouth Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We had previously inspected Dartmouth Medical Centre in 10 January 2017 whilst registered under the previous provider. Following this inspection the practice was rated as inadequate and placed into special measures. Since the January 2017 inspection there has been a change to the registered provider. The current provider registered with the CQC in April 2017.

We carried out this announced comprehensive inspection at Dartmouth Medical Centre on 25 October 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- The provider had a clear vision to improve the practice and promote good outcomes for patients. They were prioritising areas of quality and patient safety and had developed a business plan to support improvement. Strategies had been implemented to minimise risks to patient safety in areas such as patient records and medicines management. However, exception reporting for some indicators

remained high. Since the inspection the practice have reviewed the exception reporting rates and found where the errors were occurring and we have received assurances that this has now been rectified.

- On the day of inspection we found documentation for learning reviews were unclear, but since the inspection we have received evidence to confirm that all patients had been reviewed appropriately.
- The practice had a system in place to ensure action was taken following hospital communication and the process was auditable.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice was proactive in working with other health and social care professionals to safeguard some of the practices most vulnerable patients.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

# Summary of findings

- Single cycle audits demonstrated reference to appropriate national guidance.
- Information about services and how to complain was available.
- Patients we spoke with 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.
- Staff members were able to provide examples where a caring and responsive service had been delivered to patients.

- There was a clear leadership structure and staff felt supported by management. The provider planned to merge the practice with another nearby practice (Linkway Medical Practice) where they were a partner and the process had been started through the adoption of policies and procedures and joint management meetings.

The areas where the provider should make improvement are:

- Improve achievement on the GP patient survey.

**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 good for providing safe services.

Good



- The provider had implemented systems and processes to protect patients at risk of harm.
- The provider ensured all consultations were being recorded electronically and had carried out audits to ensure they were appropriate. Improvements to medicines management were implemented by ensuring administration staff were no longer adding or changing medicines on patient records.
- There was an effective system to receive and action safety alerts including those received from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework for 2016/17 showed patient outcomes were above average compared to the national average. The provider had taken over the practice in April 2017 at the end of the QOF year.
- Data available from the practice showed there was good progress being made against the current QOF year (2017/18). However, exception reporting for some indicators remained high. Since the inspection the practice have reviewed exception reporting rates and identified where errors were occurring and we have received assurances that this has now been rectified.
- Staff were aware of current evidence based guidance. However, documentation for learning disability reviews were unclear.

# Summary of findings

- The practice was transitioning to the full use of an electronic system for processing hospital communication. However, there was a risk that action following hospital communication could be missed with the current system. Since the inspection we had received evidence to show that the practice had reviewed all patients on the learning disability register and a system was in place to monitor and action hospital communication.
- All the clinical audits were single cycle audits; however areas for improvement had been identified and implemented.
- Staff had the skills and knowledge to deliver effective care and treatment.
- All the clinical staff we spoke with demonstrated an understanding of how to assess mental capacity and knowledge of deprivation of liberty safeguarding (DoLS).
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed the practice achievement was slightly below average for its satisfaction scores on consultations with GPs and nurses. However, the results did not reflect the new provider who had taken over the practice in April 2017. The practice had carried out an in-house survey in January 2017 (under the previous provider), results showed positive feedback for staff. Since taking over the practice in April 2017 the provider planned to carry out a survey but was prioritising other areas for improvement.
- Following the inspection the practice informed us that they planned to carry out an in-house survey and was looking to see if it was available in different languages due to patient demographics.
- We received 56 comment cards and spoke with two patients and the feedback we received was positive and did not reflect the survey results.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. All administration staff were longstanding and demonstrated an understanding of the needs of patients and could provide examples where they had delivered a caring service.

Good



# Summary of findings

- Information for patients about the services available was accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice participated in the CCGs Primary Care Commissioning Framework (PCCF). The PCCF was intended to help develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. Feedback received from the CCG before the inspection confirmed that the practice had achieved 95% across eight of the PCCF standards for 2016/2017.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from one example we reviewed showed the practice responded quickly to issues raised.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The provider had taken over the practice in April 2017 with a new team of GPs. They were able to demonstrate clinical leadership to support safe, high quality care. They had identified areas of risk to improve the service and this was ongoing.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients and this was supported by a business plan setting out timescales to achieve the vision. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. The

Good



# Summary of findings

provider was a GP partner at a nearby practice (Linkway Medical Centre) and planned to merge this service. Regular governance meetings were held monthly with the business manager from Linkway Medical Centre and the practice manager at Dartmouth Medical centre along with the GP provider. Integration of staff were underway with joint events.

- Staff had received annual performance reviews and attended staff meetings and training opportunities. The practice nurse liaised with the nursing team from Linkway Medical Centre including a nurse prescriber who provided support and advice.
- The provider was aware of the requirements of the duty of candour. We saw an example where the practice complied with these requirements.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# 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 provider was rated as good for older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice engaged with social services to ensure patients and their relatives received appropriate support health and social care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice offered in-house counselling which helped patients to improve their confidence and regain independence.

### People with long term conditions

The provider was rated as good for people with long-term conditions.

Good



- The nurse and the GP provider had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The GP provider had taken over the practice in April 2017. Data available from the practice showed there was good progress being made against the current QOF year (2017/18). However, exception reporting for some indicators remained high. Since the inspection the practice have reviewed the exception reporting rates and found errors which contributed to the high exception reporting. We received assurances that this had now been rectified.



# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. However, there was a risk that action following hospital communication could be missed as the process was not auditable. Since the inspection the practice had submitted evidence to demonstrate that a system had been put in place to ensure all hospital communication was acted on and auditable.
- Medicines audits we looked at demonstrated reference to recognised professional standards and guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example the practice worked with a community diabetes specialist nurse to support patients with complex diabetic needs.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice had carried out an audit of the safeguarding register to ensure all relevant patients were on the list appropriately.
- Data provided by the practice showed that they were on course to achieve relatively high immunisation rates in line with previous published data.
- Appointments were available outside of school hours for children and baby changing facilities were available.
- We saw positive examples of joint working with midwives and health visitors. The midwife held an antenatal clinic every week at the practice.
- The GPs and the practice nurse we spoke with were able to demonstrate an understanding of the Gillick competency test

Good



# Summary of findings

and their duties in fulfilling it. The Gillick competency test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the practice offered access to appointments from 8am to 8pm Monday to Friday as well as Saturday and Sunday appointments through hub working arrangements.
- The practice was offered 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.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. However, care plans were not always being populated following review of these patients to demonstrate that a review had been carried out to ensure effective care. Since the inspection we had received evidence to confirm that 11 out of 12 patients on the learning disability register had undergone reviews.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

**Good**



# Summary of findings

make them vulnerable. They 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 GPs if a patient was also a carer. There were 60 patients on the practice's register for carers; this was 2% of the practice list. There was support available for carers. They were offered health checks and the flu vaccination.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The current QOF achievement for mental health so far this year was 32/50 QOF points. However, this was unpublished and unverified data.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. We saw appropriate care plans were in place.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. The practice had improved its process to ensure only the GP provider could add or change medicines on patient records.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. The GPs and the practice nurse were able to demonstrate working knowledge of the Mental Capacity Act deprivation of liberty safeguarding (DoLS).

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was performing in line with local and national averages. Of the 378 survey forms that were distributed 79 were returned. This represented 2% of the practice's patient list. The practice was taken over by a new GP in April 2017 and the results were not fully reflective of the current provider.

- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.

- 57% of patients said they would recommend this GP practice to someone who has just moved to the local compared to the CCG average of 65% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards which were all positive about the standard of care received. Patients commented that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients during the inspection. Both patients were part of the Patient Participation Group (PPG) and said they were satisfied with the care they had received and thought staff were approachable, committed and caring. the care they had received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Improve achievement on the GP patient survey

# Dartmouth 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 and a second CQC inspector.

## Background to Dartmouth Medical Centre

Dartmouth Medical Centre is located in a purpose built building in West Bromwich, an area of the West Midlands, with a branch surgery at Central Clinic in Tipton, West Midlands. During the inspection we also visited the branch surgery. The practice has a General Medical Services contract (GMS) which 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 childhood vaccination and immunisation schemes. The practice sits within NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The provider was a GP partner at another nearby practice (Linkway Medical Centre) and planned to merge both practices. The process had been started with adoption of policies from Linkway Medical Practice. There were monthly clinical governance meetings between the practice manager at Dartmouth, the provider and the business manager from Linkway Medical Centre to help with the process.

The practice provides primary medical services to approximately 3,200 patients in the local community. The practice is led by the GP provider (male), two salaried GPs (both female) and a regular locum GP (male). There is a practice nurse and the non-clinical team consists of administrative and reception staff and a practice manager.

The practice is open to patients between 8am and 6.30pm Monday to Friday except on Wednesday when it closed at 1pm. However, patients are able to access appointments at the branch surgery.

The practice had hub working arrangement with five other local surgeries and extended hours appointments are available 6.30pm to 8pm on Monday to Friday. Appointments on Saturdays were available between 9am to 12pm. On Sundays from 10am to 12.30pm.

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 information about this is available on the practice.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the CCG to share what they knew. We carried out an announced visit on 25 October 2017. During our visit we:

- Spoke with a range of staff (GP provider, salaried GP, practice nurse, the business manager from Linkway Medical Centre, the practice manager and administration staff). We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the branch surgery.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Incidents were reported by staff using an electronic system. Staff then informed the practice manager who reviewed this and took appropriate action. The electronic system allowed sharing of all incidents with the CCG.
- Incidents were discussed in practice meetings, for example we saw that nine incidents were discussed in the practice meeting in September 2017 where learning had been identified.
- 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). For example, following a vaccine error the practice contacted the patient and explained the error. The practice also contacted relevant organisations to seek further advice.
- The practice had a system to receive and action patient safety alerts. There was a record of alerts that had been received and the action taken. We saw an alert received on 26 September 2017 where the practice had carried out an audit and had identified relevant patients and were following them up. Minutes of meetings we looked at demonstrated that alerts were discussed in practice meetings.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems and processes in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and were available electronically and in paper form. 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 practice had a list of patients that were subject to safeguarding concerns and this was reviewed by the safeguarding lead at the practice. For example we saw a

safeguarding audit had been carried out and the practice was currently ensuring appropriate codes were being put on the patient record system to enable effective management of these patients.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two safeguarding. We saw an example of an appropriate referral made to the local safeguarding adults' team.
- 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 and all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had improved its process to ensure only the GP provider could add or change medicines on patient records. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

## Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a branch surgery and the plan incorporated this to ensure care could be delivered in the event the building could not be accessed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. We saw evidence that NICE guidance for diabetes and COPD was being followed. We saw local CCG guidance for antibiotic prescribing was being followed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the provider had carried out an audit on oral contraceptive and we saw reference to NICE guidance and Faculty of Sexual & Reproductive Health, a standard setting organisation.
- The provider had carried out an audit of consultations to ensure they contained suitable information. We looked at a number of consultation notes and saw that they were appropriate.

### 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 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The practices overall clinical exception reporting at 16% was above the local CCG average of 10% and the national average of 10%. (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. Data from 2016/17 showed:

- Performance for diabetes related indicators was 97%. This was above the CCG average of 90% and the national average of 91%.
- Performance for asthma related indicators was 100%. This was above the CCG average of 96% and the national average of 97%.
- Performance for mental health related indicators was 88%. This was slightly below the CCG average of 92% and the national average of 94%.

However, the above data related to the former provider and at the time of the inspection we saw that the new provider was making good progress against QOF for 2017/18. Its current achievement for overall clinical indicators was at 429 / 545 (79%) of QOF points.

Performance for other indicators at the time of our inspection for 2017/18 included.

- 58/86 QOF points (67%) for diabetes related indicators.
- 43/45 (93%) for asthma related indicators.
- 21/27 (77%) for mental health related indicators.

There was evidence that quality improvement activities had started:

- The practice had started quality improvement activity when the provider took over the practice in April 2017. They identified areas for improvement including record keeping/coding and repeat prescribing. They had sought to improve patient medical record keeping by using computer records for recording consultations and moving away from manual records. These activities were ongoing at the time of the inspection.
- The provider had also carried out medicine audits. These audits were detailed and referenced appropriate standards and we saw improvement areas were identified. However, these were, as yet, single cycle audits and improvements could not be fully demonstrable. The provider explained that they had taken over the practice in April 2017 and re-audits were scheduled.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The GP provider had recruited two salaried GPs and there was one locum GP at the practice. All the administration and nursing staff were long standing and we saw that they were being supported to provide safe

# Are services effective?

## (for example, treatment is effective)

and effective care to patients. For example, the provider had identified learning for GPs through audit of consultation notes. Administration staff were updated on their roles and responsibilities, ensuring they had the skills and knowledge required. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse was up to date in their training and was supported by the provider. The provider was a senior partner at another nearby practice (Linkway Medical Centre) and the practice nurse liaised with the nursing team at Linkway. The practice nurse had access to an advanced nurse practitioner who provided them with advice and support.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and mentoring. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training (chaperone training).

### Coordinating patient care and information sharing

The practice received electronic communication from hospital which were then printed off, dated and forwarded to the GP to action. If paper letters were received, they were scanned onto the system and then printed off, dated and forwarded to the GP to action.

We spoke with the GP provider who told us that they were in the process of embedding the system used at Linkway Medical Centre as they found this to be more effective and posed less risk to missed correspondence being actioned.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw examples of care plans in place for mental health, palliative care and learning disability. However, we saw record keeping for learning disability was insufficient. We looked at the patient record system which recorded that a learning disability review had taken place but as the practice was not using the learning disability templates it was unclear on looking at records how comprehensive these reviews were. Since the inspection we have received evidence to confirm that 11 out of 12 patients on the learning disability register have been reviewed.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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.
- The GPs and the practice nurse we spoke with were able to demonstrate an understanding of Gillick competency test and their duties in fulfilling it. Gillick competency test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions. They were also able to demonstrate an understanding of the Deprivation of Liberty Safeguards (DoLS) – a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests).

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For

# Are services effective?

(for example, treatment is effective)

example: Patients receiving end of life care, those at risk of unplanned admission, carers, those with poor mental health and those requiring advice on leading healthier lifestyles.

- A councillor from Sandwell Wellbeing Hub held in-house clinics to offer a range of self-help material and listening services to improve wellbeing and emotional health. They were able to signpost patients to other relevant organisations.

The latest published data from 2016/17, prior to the new provider registration, showed that the practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 80% and the national average of 81%. The exception reporting at 15% was above the CCG average of 10% and the national average of 7%. The practice was unable to demonstrate the current cervical screening and bowel screening data.

We spoke with a staff member who was responsible for recalling patients for their cervical cytology tests. They explained that they personalised letters that were being sent out to patients emphasising the importance of the test and encouraging them to speak with a clinician if they did

not want to undergo the procedures. They were able to show us evidence of the personalised letters that were sent. They were also able to demonstrate a fail-safe system to ensure inadequate results were actioned.

During our previous inspection in January 2017 we saw childhood immunisation rates for the vaccinations given to under two year olds was above the national standard of 90%. Immunisation rates for five year olds ranged from 94% to 100% which was above the national average of 88% to 94%. The current provider had taken over the practice in April 2017 and the latest data provided by the practice showed that they were on course to make similar achievements. However, this was unpublished and unverified data.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. Staff members demonstrated that they understood their patient population and could provide examples where a caring service had been provided.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients who were also members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us they were impressed with the clinical team and felt that they received good quality care from them. They told us that they felt the GP team were aware of latest guidance around their care needs.

Results from the national GP patient survey, published in July 2017, represented the period prior to the new provider taking over the practice and did not fully reflect the current GP team. The results showed the practice achievement was slightly below average for its satisfaction scores on consultations with GPs and the nurse. For example:

- 70% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.

- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 78% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 80% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 85% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

The practice had carried out an in-house patient survey in January 2017 (under the previous provider) and we saw that the feedback for staff was positive. We received 56 comment cards and spoke with two patients and all the feedback we received were positive. The new provider explained that they planned to carry out a survey to identify areas for improvement. They explained that they were prioritising clinical areas to ensure patient safety. Following the inspection the practice explained that they planned to carry out an in house patient survey but were enquiring to see if it was available in different languages due to patient demographics. The practice planned to complete the survey before March 2018. The practice also informed us that they were attending PPG meetings and discussed areas for improvement.

### 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

## Are services caring?

also positive and aligned with these views. PPG members said they were impressed with the new GPs and did not feel rushed during consultation. We saw care plans were personalised.

Results from the national GP patient survey, did not align with the above views to questions about patient involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76 and the national average of 82%.
- 71% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 91%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The provider explained that they had taken over the practice in April 2017 and the results did not reflect the current practice clinical team. The results reflected patients' feedback for the previous provider. For example:

- 21% of patients said that they usually get to see or speak to their preferred GP. This was below the CCG average of 46% and the national average of 56%.

The provider explained they had implemented many changes that were on going. The provider had recruited two salaried GPs and one regular locum GP (who was invited to work as salaried GP).

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.

- The Choose and Book (eReferral) service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). There was a designated staff member that reviewed this and ensured all the referral was picked up and actioned by the hospital. If the practice was unsure they would enquire with the appropriate body to ensure action was being taken.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered timely and appropriate support. For example, carers were offered health checks and the flu vaccines. Data we looked at showed that 42 patients had received a health check while 15 had declined. Data also showed that 13 carers had received the flu vaccine so far this year.

Staff told us that if families had experienced bereavement the GP always spoke with them in person to offer support and this was usually when they came into the practice to collect death certificates. The GP called relatives on the telephone if a patient passed away in the hospital.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice participated in the CCGs Primary Care Commissioning Framework (PCCF). The PCCF was intended to help develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. Feedback received from the CCG before the inspection confirmed that the practice had achieved 95% across eight of the PCCF standards for 2016/2017.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. There were salaried GP that were available at the practice all day and patients could be seen outside of the normal appointment times where appropriate.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. There was a wheel chair available at the practice for patients to use where appropriate. The toilet was accessible for patients using a wheel chair and baby change facilities were available.
- The practice website could be translated into a variety of languages.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, except Wednesday afternoons. However, the practice had a branch surgery which was open during this time. Appointments were from 8.30am to 1pm every morning and 3.30pm to 6pm Monday to Friday. The practice had hub working arrangements with five other surgeries and offered extended access Monday to Friday from 6.30pm to 8pm. Saturday access was available from 9am to 11.30am and Sunday from 10am to 12.30pm. In addition to pre-bookable appointments were available and could be booked in advance as necessary. Urgent appointments and home visits were also available for patients that needed them.

The practice reminded patients of their appointments (with the GP) on the day in order to reduce missed appointments and where a patient no longer needed an appointment it was offered to another patient that required it. As a result the practice had reduced its missed appointments (DNAs) from 80 in April 2016 to 35 in April 2017. The practice planned to implement this for appointments with the nurse depending on capacity of administration staff.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. However, the practice was taken over in April 2017 and the results did not reflect the current provider.

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The provider explained that since they had taken over the practice they had introduced hub working to offer seven day access. Furthermore, they had recruited two salaried GPs who were based at the practice all day and could offer access outside appointment times where there was a need.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

If a patient requested a home visit reception staff forwarded the request to the GP with patient contact details. The GP telephoned the patient in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

The practice had a system for handling complaints and concerns.

- 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.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed in the waiting area and a complaints leaflet which was available to take away.

The practice had not received any complaints since April 2017 when the new provider had taken over. We saw that one complaint received in March 2017 had been dealt with appropriately.

## Listening and learning from concerns and complaints

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

Prior to the provider taking over the practice in April 2017 the practice had been rated as inadequate and placed into special measures. There was a new GP team in place and the provider had a clear vision to improve the practice and promote good outcomes for patients. They told us that they were prioritising areas of quality and patient safety and had developed a business plan for 2017-2020 setting out all areas of development/ improvement with timescales for action. For example, the provider had set an immediate task of moving the practice away from paper based records and had instructed all GPs working at the practice to use the computer for recording consultations. The provider had carried out a data audit to ensure appropriate recording of consultations and to identify areas for improvement. Administration staff were no longer able to add or change medicines on patient records as this was only to be done by a GP. The practice liaised with the CCG for further help with this process.

The provider planned to merge the practice with Linkway Medical Centre where they were a GP partner. The business plan detailed how this was to be achieved including areas such as CQC registration, staffing, contracts (with staff and CCG) as well as finance and governance.

### Governance arrangements

As discussed above, the provider planned to merge the practice with Linkway Medical Centre and had developed a business plan to establish governance processes that were in line with those at Linkway Medical Centre. The provider explained that their priority was to ensure a safe service was being delivered and the governance processes reflected this. For example,

- All policies and procedures that were due for review were being updated to reflect those at Linkway. This allowed the provider to implement and embed governance processes without overwhelming staff members.
- The practice had looked at risks to patient safety and had prioritised these to ensure these were mitigated. They included effective management of patient's medicines, record keeping (moving the practice to computer based record keeping) and effective processing of patient safety alerts. However, the

provider acknowledged that there were areas for further improvement and this was work in progress. They included areas of exception reporting, processing of hospital communication as well as improving documentation for learning development reviews. Since the inspection we have received evidence to show that patients had received the appropriate reviews on the learning disability register, exception reporting rates had been reviewed and we have received assurances that identified errors have been acted on. The practice also supplied details of the procedures they have in place to act on hospital communication.

- The provider currently split their clinical time between Dartmouth Medical Centre, the branch site and Linkway Medical Practice. However, they told us that they now had greater capacity to be at Dartmouth as they had taken on a new GP partner at Linkway Medical Practice. This would allow them greater scope to implement further changes.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The business partner from Linkway met with the practice manager along with the provider on a weekly basis to discuss performance, forward planning, implementation of strategies to mitigate risks and to support the practice manager in the transition of the practice.
- We saw examples of audits to monitor and improve the service. However, clinical audits were single cycle audits due to the provider having taken over the practice recently.
- Practice meetings were held regularly to ensure staff were aware of complaints and significant events and lessons learnt to support improved outcomes for patients.

### Leadership and culture

On the day of inspection the provider was able to demonstrate that they had the experience, capacity and capability to run the practice and ensure high quality care. They were aware of the risks highlighted during our previous inspection and could demonstrate how they were working to mitigate these risks. There was a business plan to further demonstrate this. They were aware that this was



# Are services well-led?

Good 

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

work in progress and had prioritised areas of patient safety. They were mindful that they did not want to overwhelm staff with too many changes without them being embedded.

The provider was aware of and had systems 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). We saw a documented example which demonstrated that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and that they had been supported since the new provider had taken over. The provider explained that staff were previously expected to undertake tasks that were outside of their competency. Documentary evidence we looked at demonstrated that staff we were asked not to perform these tasks.

- The practice planned to merge with Linkway Medical Centre and pay and Human Resources package were organised to reflect this. The provider had also organised half a day team building with staff from the other practice and another was planned for Christmas.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG). The PPG met regularly and submitted proposals for improvements to the practice management team. We spoke with two members of the PPG who told us that the practice had acted on their feedback. For example, the practice had purchased supportive chairs with armrests.
- The practice had two salaried GPs and one locum GP in addition to the GP provider who worked at the main site and the branch site. Patients asked that the practice made them aware of the GP that was working at the specific practice each day. We saw that the practice had responded to this request and had a poster each day informing patients of the GPs available.
- The PPG members also told us that the practice had re-configured the entrance to the practice so that it was easier to navigate using a wheel chair.