

Bean Road Medical Practice

Quality Report

5 Bean Road

Dudley

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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?		Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Bean Road Medical Practice on 7 July 2015 and rated the practice as good. The report for the inspection carried out on 7 July 2015 can be found by selecting the 'all reports' link for Bean Road Medical Practice on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Bean Road Medical Practice on 16 October 2017. This was because the practice had re-registered with the Care Quality Commission as a new provider having changed from a partnership to a single-handed GP practice. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had systems to promote the safety of patients, staff and visitors. We found gaps in the governance where improvements could further reduce the risks to staff and patients.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice maintained appropriate standards of cleanliness and hygiene.
- Appropriate recruitment checks had been undertaken prior to employment although satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff.
- Results from the national GP patient survey published in July 2017 showed patients scored the practice below average for several aspects of care. The provider had taken action to address the low scores.
- Support for carers included a carers' corner in the patient waiting area and a carers' newsletter.

Summary of findings

- Information about services and how to complain was available and the practice proactively acted on complaints posted on the national website, NHS Choices. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients found urgent appointments were normally available the same day but continuity of care was not always supported by the facility to make a pre-booked appointment with the same clinician.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Review the processes for managing repeat medications to minimise any risk to patient safety.
- Prior to employment, obtain satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role.
- Update the cold chain policy to provide clear guidance to staff on the safe transportation and administration of vaccines to patients in their own homes.
- Explore how the uptake rates for bowel and breast cancer screening could be improved.
- Continue to engage with patients and explore ways in which the satisfaction scores can be improved for GP consultations, telephone access and availability of appointments.
- Further strengthen the governance arrangements to minimise risks to the safety of staff and patients.

The areas where the provider should make improvement are:

- Review the vulnerable adults register to ensure that all are highlighted on the clinical system.

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



- 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.
- The practice had systems, processes and practices to minimise risks to patient safety. However, the medicine management procedures did not always ensure that regular medication reviews were carried out and that uncollected prescriptions were managed in accordance with the timescales on the policy.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, we found examples of vulnerable adults with safeguarding concerns not highlighted on the clinical system.
- The practice maintained appropriate standards of cleanliness and hygiene. Regular audits were carried out to ensure these standards were maintained.
- Appropriate recruitment checks had been undertaken prior to employment although satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff.
- The practice had arrangements to respond to emergencies and major incidents although the business continuity plan lacked contact details for service providers.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for the previous provider showed patient outcomes were similar to the averages when compared to the local and national Overall exception reporting rates were lower meaning more patients had been included.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Clinical audits were carried out but second cycles were to be completed to demonstrate quality improvement.
- There was evidence of appraisals for all staff.

Summary of findings

- 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 and when appropriate, information was shared with the out of hours service.
- The practice had successfully increased the uptake rates for cervical screening. However, bowel and breast screening rates continued to be below local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice lower than others for several aspects of care. For example, 56% of patients said the last GP they saw or spoke with was good at treating them with care and concern. The practice were aware of the survey scores and had implemented plans aimed at improving patient feedback in the low performing areas.
- Through the comment cards we received, patients told us staff were caring, respectful and went the extra mile to be helpful. They told us they felt listened to by the GPs and the receptionists were very friendly.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 51 patients as carers (1.4% of the practice list). Information was available in a 'carers' pack' which included a carers' charter, carers' newsletter and information on how to access carer support groups. Further information for carers was available on the practice website and a carer's corner was situated in the reception area at the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- 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.
- The results of the national patient survey, discussions with patients and comment cards we received showed that patients found the appointment system provided same day

Summary of findings

appointments but did not always provide continuity of care through pre-bookable appointments with the same clinician. For example, 24% of patients said they usually get to see or speak to their preferred GP.

- 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 the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice planned to improve the complaints procedure to meet contractual obligations by ensuring the complainant received information on who to contact if not satisfied with the outcome from the practice.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver a wide range of high quality care from a primary care setting. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management team. The practice had policies and procedures to govern activity and held regular governance meetings.
- A governance framework supported the delivery of the strategy and good quality care. There were a number of areas identified where governance arrangements could be further strengthened.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty. 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 patients through surveys, the family and friends test and the patient participation group.
- There was a focus on continuous learning and improvement particularly in improvement of patient satisfaction scores from the GP National Survey.
- The lead GP demonstrated involvement in the local health economy through their involvement with the local Clinical Commissioning Group.

Requires improvement



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 the care of older people.

Good



- All patients aged over 75 years have been advised of their named GP.
- 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 plans 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 followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older housebound patients were highlighted on the system and offered vaccinations in their homes when required.
- The practice offered over 75 year old health checks and had a patient call/recall system to invite them to attend.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 67%. This was lower than the Clinical Commissioning Group (CCG) average of 71% and the national average of 78%. However the exception reporting rate of 6% was lower than the CCG average of 8% and the national average of 9% meaning more patients had been included.
- Patients with long term conditions such as diabetes and asthma were provided with a self-management care plan and offered an annual review of their health. For those patients with the most complex needs, a GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- The practice had a policy to follow up children who failed to attend for hospital appointments and children who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice held formal, monthly meetings with the health visitor to discuss children in need of additional support and was advised of children under the age of five who registered with the practice.
- The practice had emergency processes for acutely ill children.
- The practice hosted a 'Developing All Sexual Health' (DASH) service for young people aged 15-24 years. This included provision of and education relating to contraception, pregnancy testing and chlamydia screening.

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).

Good



- 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, telephone consultations.
- The practice was proactive in offering online services for booking GP appointments and ordering of repeat medication. The high uptake figures had received praise from NHS England and the methodology used planned to be shared with other practices through the Dudley Clinical Commissioning Group (CCG).
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- The practice offered extended hours appointments until 8.30pm on a Tuesday aimed at but not exclusively for working aged patients who could not attend during normal opening hours.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients with a learning disability were offered an annual health check and provided with longer appointments if needed. There was a total of 20 patients on the learning disability register, half had completed a check and the remaining patients had been invited to attend.
- 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 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 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 hosted a weekly counselling service for vulnerable patients and patients could self-refer to Dudley Talking Therapies.
- The practice kept a vulnerable adults register but we found examples of patients who had been identified as vulnerable but not highlighted on the clinical system.

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).

Good



- Data for the previous provider showed that 95% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG average of 74% and the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who failed to attend mental health reviews appointments.
- Data for the previous provider showed that 100% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 77% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing below local and national averages. Three hundred and seventy-eight forms were distributed and 83 were returned. This represented a return rate of 22%.

- 72% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 85%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 77%.

The practice were aware of the performance and had planned to or had taken steps to improve the feedback. For example, two recently recruited members of staff were multi-lingual and allowed more patients to hold consultations in their mother tongue when English was not their first language.

During our inspection we spoke with seven patients that included six members of the patient participation group (PPG). They told us the practice management were respectful of their views and listened to their suggestions. They told us they experienced difficulties when contacting the practice by telephone in the morning to request an appointment. They also said that continuity of care was not always supported by seeing the same clinician.

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 31 comment cards of which 29 were highly positive about the standard of care received. Patients told us staff were caring, respectful and went the extra mile to be helpful. They told us they felt listened to by the GPs and the receptionists were very friendly. Six comments were mixed. They spoke about a good level of care but said that timely appointments were sometimes not available.

Data from the Friends and Families test for July to September 2017 showed that 32 out of 34 (97%) patients who responded were extremely likely or likely to recommend the practice to their friends and family.

Bean Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bean Road Medical Practice

Bean Road Medical Practice is located in the town of Dudley and provides primary care services for patients in the town and the surrounding area. Bean Road Medical Practice is registered with the Care Quality Commission (CQC) as a single handed provider. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. The increased range of services provided included offering extended hours, phlebotomy (taking of blood samples) and minor surgical procedures such as joint injections.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had around 3,500 patients, an increase of approximately 1,500 patients from the July 2015 inspection. Demographically the practice has a higher than average young population with 29% under 18 years

compared with CCG average of 20% and national average of 21%. Ten per cent of the practice population is above 65 years which is lower than the CCG average of 20% and the national average of 17%. The percentage of patients with a long-standing health condition is 56% which is comparable with the local CCG average of 56% and national average of 53%.

The practice staffing comprises of:

- A lead GP (male) 0.2 whole time equivalent (WTE)
- Two long term locum GPs (one male and one female) one WTE
- A practice nurses 0.8 WTE and a health care assistant 0.3 WTE
- A practice manager
- Five members of administrative staff working a range of hours.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to midday and 2.30pm to 6pm dependent on the day of the week. Telephone consultations are available at various times throughout the day. Extended practice hours to see a GP are offered between 6.30pm and 8.30pm on a Tuesday and evening. Pre-bookable appointments can be booked up to four weeks in advance and urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Malling Health, patients access this service by calling NHS 111.

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

Detailed findings

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.

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. Prior to our inspection we spoke with a member of the patient participation group (PPG). We carried out an announced visit on 16 October 2017.

During our inspection we:

- Spoke with a range of staff including the lead GP, a locum GP, a practice nurse, the practice manager, the senior receptionist and two receptionists.
- Spoke with seven patients.
- 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.

- 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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded four significant events in 2017. From the sample we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. However, the monthly practice meetings were not normally attended by the whole clinical team. Minutes of meetings were made available to update those unable to attend.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate action where required. We saw that MHRA alerts were a standing agenda item at the practice's monthly meetings.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke with were aware to contact them if they had any safeguarding concerns. We saw that the practice was proactive in referring safeguarding concerns to the relevant agencies. We were shown an example of where the receptionist had reported their concerns to the safeguarding lead and the actions taken had resulted in a child being protected from the risk of abuse. The practice held monthly meetings with the health visitor where safeguarding concerns were discussed.

- 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 safeguarding level three.
- Alerts were placed on the electronic records of children and vulnerable adults where safeguarding concerns had been identified. There was a formal system in place for following up children who failed to attend for hospital appointments. However we found three vulnerable adult patients who were not highlighted on the clinical system but had been discussed with other healthcare professionals due to safeguarding concerns.
- Notices at reception, and in clinical and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

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 for the overall cleaning of the practice.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol available on the practice's intranet and staff had

Are services safe?

received up to date training. The IPC lead had attended additional training to support them in their role. Annual IPC audits were undertaken and action was taken to address any improvements identified as a result.

- Clinical staff had received appropriate immunisations against health care associated infections. Non-clinical staff had not received these immunisations but the practice had offered these, and where consent was gained, the immunisations had been planned or risk assessments completed.

There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found that procedures needed strengthening to minimise risks to patient safety.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicine audits and discussed prescribing issues at monthly clinical meetings to ensure prescribing was in line with best practice guidelines for safe prescribing. However, we found an example of a patient who had stopped taking a high risk medicine but it had not been removed as a repeat medication on their record. In addition, we found a patient on long-term repeat prescriptions for three medications who had not had a medication review since April 2015.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There was a system in place for the management of uncollected repeat prescriptions however on the day of our inspection we found a small number of prescriptions that were two to three months beyond their time of issue. The uncollected prescriptions did not present any risk to the patients and the practice told us they would ensure their policy of monthly checks was carried out in future.
- Blank prescription forms were securely stored and there was a tracking system in place to monitor their use.
- We saw that there was a system in place for monitoring the temperature of fridges used to store vaccines in line with manufactures' guidelines. We saw that the upper and lower temperature ranges had not been exceeded.

Practice nurses provided flu immunisations to patients in their own homes. We saw that the cold chain policy needed to be updated to provide clear guidance to staff on the safe transportation and administration of vaccines to patients in their own homes.

We reviewed four 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. However, satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained prior to employment.

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 evacuation drills (six monthly). There was a designated fire officer within the practice and dedicated roles for supporting fire evacuation drills.
- 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, 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. A large number of patients from a nearby practice had recently registered with the practice. The practice had a system in place to monitor the increased demand on the workforce and had introduced health care assistant.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- Panic buttons were available on each computer which alerted staff to any emergency.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- 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. All the staff received basic life support training.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. Arrangements were in place to provide services from alternative premises but the plan lacked contact details such as service providers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs and nurses were aware of 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 practice monitored that these guidelines were followed through a system of audits and searches.

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 QOF results for the new provider were not available in the public domain at the time of our inspection. The 2015/16 QOF results for the previous provider showed the practice had achieved 92% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 95%. The overall clinical exception rate of 7% was the same as the CCG rate and lower than the national rate 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

Data from 2015/16 showed:

- 81% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of their asthma using a recognised tool. This was higher than the CCG average of 71% and the national average of 76%. Their exception reporting rate of 1% was lower than the CCG average of 5% and the national average of 8%.
- 92% of patients with chronic obstructive pulmonary disease (COPD) had received a review including an assessment of breathlessness in the preceding 12 months. This was higher than the CCG average of 87% and national average of 90%. Their exception reporting rate of 7% was lower than the CCG average of 9% and the national average of 12%.

- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 67%. This was lower than the CCG average of 71% and the national average of 78%. However, their exception reporting rate of 6% was lower than the CCG average of 8% and national average of 9%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 81%. This was comparable with the CCG average of 80% and the national average of 83%.
- 100% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 77% and the national average of 84%. Their exception rate of 0% was lower than the CCG average of 6% and the national average of 7%.
- 95% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG average of 69% and the national average of 89%. Their exception reporting rate of 3% was lower than the CCG average of 7% and national average of 13%.

The practice had carried out clinical audits but there was no evidence of a structured programme to monitor and drive quality improvement. We looked at two clinical audits completed in the last two years, both of these were single cycle audits where resultant actions were documented and second cycles were planned to monitor improvements made. For example, an audit into the adverse effects of the long-term use of a medicine to reduce the risk of fractures in women with osteoporosis had resulted in:

- Three patients identified as in need a fracture risk assessment and had been reviewed by a GP.
- A five year review date set for all new patents prescribed the medicine and those considered to be a high risk of a fracture.

Effective staffing

We found that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff we spoke with were positive about the induction support they had received.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had received training in managing long term conditions such as asthma and chronic obstructive pulmonary disease.
- 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 vaccination and immunisation updates.
- 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, mentoring and facilitation and support for revalidating GPs and nurses. 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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. Meetings normally took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 and Gillick competency.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- One GP carried out minor surgery at the practice such as joint injections. There was a policy for staff to refer to in obtaining consent for these patients and consent forms were also available. We saw that written consent for joint injections was recorded in patients' records.

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 example, patients receiving end of life care, carers, those requiring advice on living with specific long term conditions such as dementia.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the provider between April 2015 and March 2016 showed the number of vaccines given was above the 90% national expected coverage of vaccinations. For example, rates for the vaccines given to under two year olds ranged from 96% to 97% and five year olds from 92% to 98%.

Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 75%, which was comparable with the CCG average of 78% and the national average of 81%. The practice nurse showed us the systems and procedures they followed to ensure results were

Are services effective?

(for example, treatment is effective)

received for all samples sent for the cervical screening programme and followed up women who were referred as a result of abnormal results. This represented an improvement since the July 2015 inspection when the uptake rate was 65%.

Data from the period April 2015 to March 2016 showed that the number of patients that attended national screening programmes for bowel and breast cancer were below the CCG and national average. For example, 31% of females aged 50-70 years had been screened for breast cancer within six months of invitation which was significantly lower than the CCG average of 76% and the national average of 74%. Thirty-one per cent of eligible persons aged 60-69 years had been screened for bowel cancer within six months of invitation which was lower than the CCG average of 55% and the national average of 56%. The

practice had previously improved the uptake of cervical screening using screen messages to remind clinicians to ask a patient why they had not attended and to explain the importance of screening. The practice planned to use the same methodology to increase the uptake of bowel and breast screening.

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. The practice had carried out health checks on 80% of the eligible population by 6th October 2017; this was part of a five year programme carried out between 1st April 2013 and 31st March 2018.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. For example, we observed patients being provided with urgent appointments at the practice.

We saw that 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 so conversations taking place in these rooms could not be overheard.

Patients could be treated by a clinician of the same sex.

Twenty-five of the 31 patient Care Quality Commission comment cards we received were highly positive about the standard of care received. Patients told us staff were caring, respectful and went the extra mile to be helpful. They told us they felt listened to by the GPs and the receptionists were very friendly. Six comments were mixed. They spoke about a good level of care but said that timely appointments were sometimes not available.

At our inspection, we spoke with seven patients that included six members of the patient participation group (PPG). They told us they felt valued by the practice, the practice management were respectful of their views and listened to their suggestions. They told us they had quick and easy access to appointments and the staff were friendly, helpful and went out of their way to explain things. However they told us that there was an inconsistent approach among GPs, with some consultations limited to one complaint per consultation. This had resulted in a preference for a specific GP whose availability was limited. The patients told us that continuity of care was a concern as they had seen a variety of different GPs for the same complaint.

Data from the Friends and Families test for July to September 2017 showed that 32 out of 34 (97%) patients who responded were extremely likely or likely to recommend the practice to their friends and family.

Results from the national GP patient survey published in July 2017 showed the practice scored below average when patients were asked if they felt they were treated with compassion, dignity and respect by GPs and reception staff. For example:

- 71% of patients said the GP was good at listening to them compared with the CCG and national averages of 89%.
- 71% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 79% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 56% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 73% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The practice said that they anticipated patient feedback scores to improve having secured the services of regular long-term locum GPs.

The patient satisfaction scores were similar to local and national averages when asked about consultations with a nurse: For example:

- 93% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

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

Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in July 2017 showed the patient responses scored the practice below average when asked questions about their involvement in planning and making decisions about their care and treatment. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

These patient satisfaction scores had worsened since the July 2015 inspection when the survey results were 75% and 78% respectively. The practice told us that they attributed the feedback to a period of time following the retirement of a longstanding GP who had been popular with the patients. Different locum GPs had been used to replace the clinics until more recently when long-term locum GPs had been secured.

- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- There was a high number of patients registered with the practice who did not have English as their first language. An interpretation service was available for patients who did not have English as a first language and alerts were placed on patients' records to highlight the need for an interpreter. There was a sign in the reception area informing patients this service was available. We saw that patients requiring the interpretation service were provided with double appointments.

- Patients with a hearing impairment were offered a sign language service during consultations.
- Information on the Accessible Information Standard was clearly displayed in the patient waiting area.

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 information leaflets and services were displayed in reception, for example; a leaflet offering training for patients who were lone parents trying to get back into work. There were leaflets available in the reception area informing patients of where they could access support following bereavement.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1.4% of the practice list). Information was available in a carers' pack which included a carer's charter, carers' newsletter and information on how to access carer support groups. Further information for carers was available on the practice website and a carers' corner was situated in the reception area at the practice. Both the website and the carer's corner held a variety of information on carer's workshops and local carer's hubs. Notices in the patient waiting room, on the television screen and on the practice website also told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice also provided bereavement leaflets for people to take away and had a dedicated section on the practice website, linked from the home page that provided information and signposting.

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 provider understood the challenges associated with areas of high deprivation and ethnic diversity. Clinicians had been recruited to increase the availability of languages spoken among practice staff.
- The practice offered over 75 year old health checks.
- Patients with long term conditions such as diabetes and asthma were provided with a self-management plan and offered an annual review of their health.
- Appointments were available outside of school hours for school aged children.
- The practice had an effective process to follow up children who failed to attend for hospital appointments.
- The practice held formal meetings with the health visitor every two months to discuss children in need of additional support.
- The practice provided a 'Developing All Sexual Health' (DASH) service for young people aged 15-24 years. This included provision of and education relating to contraception, pregnancy testing and chlamydia screening.
- The practice offered extended hours appointments until 6.30pm and 8.30pm on a Tuesday, aimed at but not exclusively for working aged patients who could not attend during normal opening hours.
- The practice offered telephone consultations for working aged patients. They also provided online services for booking GP appointments and ordering of repeat medication.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice regularly worked with health and social care professionals and also the palliative care team to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- Vulnerable patients were contacted by the practice within two days following a hospital discharge.
- Patients with a learning disability were offered an annual health check and provided with longer appointments if needed.

- The practice had a system in place to follow up patients who failed to attend mental health reviews appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments times varied throughout the week and covered from 8.30am to midday on week day mornings and from 2.30pm to 6pm on week day afternoons. Telephone consultations were available at various times throughout the day. Extended practice hours to see a GP were offered between 6.30pm and 8.30pm on a Tuesday. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for those that need them. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Malling Health, patients accessed this service by calling NHS 111.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was below local clinical commissioning group (CCG) and national averages.

- 63% of patients were satisfied with the practice's opening hours compared with the CCG average of 78% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 70% 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 82% and the national average of 84%.
- 63% of patients said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 40% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patient comment cards highlighted that patients found that although urgent appointments could be secured, pre-bookable were sometimes difficult to obtain. Discussions with patients and comment cards

Are services responsive to people's needs?

(for example, to feedback?)

complimented the receptionists on being very helpful when trying to offer an appointment. The practice planned to review the appointment system to improve the access to pre-bookable appointments.

The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention. This assessment was carried out by the GP who made an informed decision and prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the final letter sent from the

practice to the complainant did not include information on who to contact if not satisfied with the outcome from the practice. The complaints leaflet did include information on who to contact if not satisfied with the outcome from the practice. The practice told us that they planned to send a complaints leaflet out with each letter.

- 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 on the practice's website and in their complaints leaflet.

The practice had recorded four complaints in 2017. The practice also monitored comments on the national website, NHS Choices. We looked at the four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, discussed at practice meetings, an analysis of trends carried out and action taken as a result to improve the quality of care.

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 clear vision to provide a high standard of health care to their patient population and to continuously explore how to increase the number of services provided. They had a mission statement which stated that 'patients' needs would be at the heart of everything we do'. Staff we spoke with were aware of the vision and their roles and responsibilities in achieving it.

The practice had a clear five year strategy and supporting business plan which reflected the vision and values. We saw that it was regularly monitored and progress was recorded. The business plan focused on integrating with other practices in Dudley Clinical Commissioning Group (CCG) and the GP had discussed becoming the paediatric lead for the CCG.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a GP lead for safeguarding and a practice nurse lead for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. We saw that the cold chain policy needed to be updated to provide clear guidance to staff on the safe transportation and administration of vaccines to patients living in care homes.
- 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.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of monthly practice meetings that demonstrated lessons had been learnt and shared with staff following significant events and complaints.
- Staff meetings with the lead GP were held each Tuesday.

There were areas of governance that needed further strengthening:

- Safeguarding procedures did not always include identification of vulnerable adults on the clinical system.
- Medicines management arrangements did not always minimise potential risks to patients.
- Recruitment checks prior to employment did not include satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role.
- Clinical and internal audits had been completed but repeated cycles were needed to drive quality improvement.
- The national GP patient survey results were significantly below local and national averages for satisfaction scores in relation to consultations with a GP, including continuity of care and access to appointments.

Leadership and culture

On the day of our inspection the business team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Through conversations with staff and feedback comments from patients we found that they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable and took the time to listen to all members of staff.

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). The management team encouraged a culture of openness and honesty. From the sample of significant events and complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence. They also proactively monitored comments on the national website, NHS Choices, to improve their service.

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

Are services well-led?

Requires improvement 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met informally with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us, and we saw minutes to confirm, that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt valued and supported by the management team and told us they were well supported both clinically and educationally. Administrative and nursing staff spoke positively about the support from within the practice team. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met two-three monthly and told us that the practice responded to concerns that they raised. For example, the PPG had requested posters to be made available in different languages and for a self-check-in screen to be installed. Both requests had been met by the practice.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff told us they felt involved and engaged to improve how the practice was run.
- the national website, NHS Choices.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The lead GP and practice manager showed an awareness of patient issues and demonstrated a commitment to make improvements. For example, the appointment system was under review to address the balance between availability of pre-bookable and same day appointments.

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:

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Good Governance</p> <p>Systems or Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Safeguarding procedures did not always include identification of vulnerable adults on the clinical system.• Medicines management arrangements did not always minimise potential risks to patients.• Recruitment checks prior to employment did not include satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role.• Clinical and internal audits had been competed but repeated cycles were needed to drive quality improvement.• The national GP patient survey results were significantly below local and national averages for satisfaction scores in relation to consultations with a GP, including continuity of care and access to appointments.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.