

Dr PV Gudi and Partner

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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr PV Gudi and Partner on 17 and 19 January 2017. Overall the practice is rated as inadequate.

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

- The systems and processes in place to minimise risks to patient safety did not always operate effectively. This included infection control and management of emergency equipment and medicines.
- Some patients' needs were not assessed, reviewed and monitored in line with current evidence based guidance. This was reflected in records we reviewed and nationally published data. Clinical outcomes for a number of long term conditions and mental health were below the local and national averages.
- There was evidence of action being taken following clinical audit and data collection.

- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care. However, some patients had concerns about the "long" waiting time to be seen by the GP after their appointment time.
- The practice had governance arrangements in place to support staff in undertaking their roles. However, the arrangements for clinical governance and performance management were not always operated effectively.
- There was a clear leadership structure in place and most staff felt supported by the leadership.
- The practice had an active patient participation group and patient feedback was acted on to improve the service.

The areas where the provider must make improvement are:

Summary of findings

Ensure systems and processes are established to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients which may arise from carrying on the regulated activity. Specifically:

- Ensure care and treatment is delivered in line with best practice and nationally recognised guidance. This includes operating effective recall systems to facilitate the health reviews of people experiencing poor mental health and people with long term conditions.
- Where quality and/or safety are being compromised the practice should respond appropriately, including taking timely action to address issues where they are raised. This includes improving clinical outcomes for patients and acting on patient feedback.
- Maintain securely up to date records concerning the management of the regulated activities and ensure the backlog of notes waiting summarising is completed as planned. In addition, records relating to the care and treatment of each person using the service must be fit for purpose.

The areas where the provider should make improvement are:

- Review staffing arrangements and ensure there is enough qualified staff to meet the needs of patients.
- Strengthen infection control practices to ensure mitigating action is implemented where improvements are identified to control the spread of infections.
- Equipment and medicines that are necessary to meet people's needs in a medical emergency should always be available in sufficient quantities and in date.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The systems and processes in place did not always ensure safe care and treatment for patients. The areas of concern included infection prevention and control, medicines management and arrangements for dealing with medical emergencies.
- Some risks related to fire safety, health and safety, the premises and environment had been assessed and management plans were in place to minimise the risks to people using or accessing the service.
- Arrangements in place for planning and monitoring the number and skill mix of staff required review to ensure sufficient clinical staff were employed to meet patients' needs.
- Appropriate recruitment checks had been carried out on recently recruited staff.
- The practice had systems in place to enable staff to report and record significant events.
- Learning was identified and discussed with staff to ensure action was taken to improve safety. When things went wrong patients received support, information and apologies.

Are services effective?

The practice is rated as inadequate for providing effective services.

Inadequate



- The 2015/16 Quality and Outcomes Framework (QOF) data showed most patient outcomes were below the local and national averages; and the practice had achieved 78.3% of the total number of points available. This was significantly below the clinical commissioning group (CCG) average of 94.9% and the national average of 95.3%.
- Staff told us they assessed the needs of patients and delivered care in line with current evidence based guidance. However, some of the patient records we reviewed and QOF data showed care and treatment provided did not always reflect current evidence-based guidance.
- The practice did not have an effective recall system for inviting patients for regular health reviews, and outcomes of people's care and treatment was not always monitored.
- There was some evidence of action being taken following clinical audit and data collection.

Summary of findings

- Most staff had the skills, knowledge and experience to carry out their roles. However, the system in place for the regular completion of training updates required strengthening to ensure all staff completed updates in a timely manner.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

- We observed staff treating patients in a dignified, compassionate and respectful way.
- Most patients we spoke with told us they were treated with care and concern by staff and were involved in decisions about their care and treatment. Patient feedback from the comment cards we received was mostly positive and aligned with these views.
- The national GP patient survey data showed patients rated the practice in line with or marginally below local and national averages for several aspects of care. For example, 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.
- The practice provided information about the services and support groups for patients which was accessible and easy to understand.
- The practice had identified 73 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Good



Are services responsive to people's needs?

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

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the patient participation group.
- Most patients we spoke to and comment cards received showed people found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- However, some patients had concerns about long waiting times and limited action taken by the practice to secure improvements. This feedback was aligned with the national GP

Requires improvement



Summary of findings

survey results and some of the complaints raised by patients. For example: 69% of patients usually waited 15 minutes or more after their appointment time to be seen compared to the local average of 46% and national average of 35%.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The overarching governance framework did not support the practice's vision to deliver good quality care.
- We found risks and poor performance were not always dealt with appropriately or in a timely way. The practice had an awareness of poor performance in respect of clinical outcomes for patients but little action had been taken as a result to effect improvement. Performance data therefore reflected a worsening picture of patient outcomes.
- The practice had a number of policies and procedures to govern activity. Staff told us regular governance meetings were held but were unable to provide documented evidence to support this.
- We found the approach to service delivery was reactive; and an effective and planned audit programme was not embedded to continuously drive improvements.
- There was a documented leadership structure and most staff felt supported by leadership.
- The practice sought feedback from patients and this included periodic meetings with the patient participation group.

Inadequate



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 requires improvement for providing safe and responsive services; and inadequate for delivering effective care and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Nationally reported data showed most of the patient outcomes for conditions commonly found in older people, including rheumatoid arthritis and osteoporosis were below local and national averages.
- The practice staff worked with multi-disciplinary teams to support people receiving end of life care and / or at risk of admission to hospital. However, performance data and records reviewed showed patients with a diagnosis of cancer were not always reviewed regularly and as a result their needs may not always have been met.
- Patients aged 75 years and over had a named GP to provide continuity of care.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- The practice offered home visits for older people unable to attend the practice.

Inadequate



People with long term conditions

The provider was rated as requires improvement for providing safe and responsive services; and inadequate for delivering effective care and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Records and performance data reviewed showed care and treatment of people with long term conditions did not always reflect current evidence-based practice.
- Nationally reported data showed patient outcomes for a number of long term conditions were below local and national averages. This included diabetes, coronary heart disease and stroke.
- The clinicians were unable to undertake spirometry (test used to help diagnose and monitor certain lung conditions) within the practice due to not having the relevant qualifications; and as a result patients were referred to secondary care.

Inadequate



Summary of findings

- Patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- However, some patients did not have a structured annual review to check their health and medicines needs were being met.
- The practice hosted consultant led “diabetes in community care extension” (DICE) clinics every two months to facilitate the management of patients with complex needs.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as requires improvement for providing safe and responsive services; and inadequate for delivering effective care and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The safeguarding arrangements in place required strengthening and this included ensuring all staff had up to date training that was relevant to their role and recording of safeguarding concerns. One of the GP partners was the dedicated child safeguarding lead and staff were aware of who this was.
- We saw evidence of joint working with healthcare professionals involved in the care and protection of children. This included liaison with the health visitor and midwife.
- The midwife facilitated weekly ante-natal clinics for pregnant women and a weekly baby clinic was run by the practice nurse. Post-natal checks were also offered for new mothers.
- Immunisation rates for all standard childhood immunisations were above national averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 93.2% to 100% and five year olds ranged from 97.4% to 100%.
- The practice was responsive in providing appointments outside of school hours and offering urgent appointments to accommodate children who were unwell.
- The practice had baby changing facilities and toys were available in the reception area.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and responsive services; and inadequate for delivering effective care and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Care and treatment for patients did not always reflect current evidence-based practice. This included hypertension monitoring and care provided for patients on the cardiovascular disease register and cancer.
- The practice offered online services for booking appointments and requesting prescriptions. However, telephone consultations were not routinely offered.
- Extended hours services were offered two evenings per week (Monday and Wednesday) and Saturday mornings.
- A range of health promotion and screening that reflects the needs for this age group were offered. The uptake rates were above or in line with the local and national averages with the exception of NHS Health checks.
-

Inadequate



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and responsive services; and inadequate for delivering effective care and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered longer appointments for patients with a learning disability.
- Nine out of 21 patients (43%) with a learning disability had received an annual health check at the time of inspection.
- Staff were aware of their responsibilities to safeguard children and vulnerable adults. However, safeguarding records held by the practice required strengthening to ensure they included detailed information.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Translation services were provided where these were required.
- Patients with palliative care needs were reviewed at multi-disciplinary team meetings held every two months and staff worked with other health care professionals in the case management of vulnerable patients.
- The practice had identified 1.7% of their practice population as carers and provided information to support them in their role.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and responsive services; and inadequate for delivering effective care and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Care and treatment for patients did not always reflect current evidence-based practice.
- The practice did not have a structured and effective recall system for inviting patients for regular health reviews and this was reflected in nationally published data. For example:
- Performance for depression related indicators was 0% which was below the local average of 91% and the national average of 92%.
- 56% of patients experiencing poor mental health had a comprehensive care plan in place compared to the local average of 91% and the national average of 89%.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the local and national averages of 84%.
- Some staff had completed training in dementia awareness and information about how to access various support groups and voluntary organisations was available within the practice.
- Counselling services were available at the practice from a visiting counsellor.

Inadequate



Summary of findings

What people who use the service say

We reviewed the most recent national GP patient survey results which were published in July 2016. A total of 354 survey forms were distributed and 120 were returned. This represented a return rate of 34%. The practice results were mixed. For example, the three areas where the practice performed best were as follows:

- 84% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 60% and a national average of 73%.
- 67% of patients with a preferred GP usually get to see or speak to that GP compared to a CCG average of 45% and national average of 59%.
- 69% of patients described their experience of making an appointment as good compared to a CCG average of 62% and national average of 63%.

The three areas the practice could improve on included:

- 31% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 54% and national average of 65%.

- 58% of respondents would recommend this surgery to someone new to the area compared to a CCG average of 64% and national average of 68%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 82% and national averages of 87%.

We spoke with 13 patients during the inspection. Most patients said they were happy with the care they received and found staff to be approachable, committed and caring.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 completed comment cards, the vast majority of which were positive about the standard of care received from all groups of staff within the practice. Three comment cards also highlighted long waiting times to be seen by the GP after their appointment time.

Areas for improvement

Action the service MUST take to improve

Ensure systems and processes are established to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients which may arise from carrying on the regulated activity. Specifically:

- Ensure care and treatment is delivered in line with best practice and nationally recognised guidance. This includes operating effective recall systems to facilitate the health reviews of people experiencing poor mental health and people with long term conditions.
- Where quality and/or safety are being compromised the practice should respond appropriately, including taking timely action to address issues where they are raised. This includes improving clinical outcomes for patients and acting on patient feedback.

- Maintain securely up to date records concerning the management of the regulated activities and ensure the backlog of notes waiting summarising is completed as planned. In addition, records relating to the care and treatment of each person using the service must be fit for purpose.

Action the service SHOULD take to improve

- Review staffing arrangements and ensure there is enough qualified staff to meet the needs of patients.
- Strengthen infection control practices to ensure where mitigating action is implemented where improvements are identified to control the spread of infections.

Summary of findings

- Equipment and medicines that are necessary to meet people's needs in a medical emergency should always be available in sufficient quantities and in date.

Dr PV Gudi and Partner

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 advisor, a nurse specialist advisor and an expert by experience (who was supported by a personal assistant). An expert by experience is someone who has personal experience of using health and social care services including a GP.

Background to Dr PV Gudi and Partner

Dr P V Gudi and Partner provide primary medical services to approximately 4300 patients through a General Medical services (GMS) contract. Services are provided to patients from Hill Top Surgery, 68 Hill Top, West Bromwich, Sandwell, B70 0PU.

The level of deprivation within the practice population is above the national average. The practice is in the second most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas. The income deprivation levels affecting children and older people are in line with the local averages and above the England average.

The clinical team comprises of two GP partners (one male and one female), a long term locum male GP and a female practice nurse. The clinical team is supported by a practice manager and a team of reception, administrative and domestic staff.

The practice is open from 8am to 7pm Monday to Friday. Appointments with a GP are available from 9am to 12.30pm Monday to Friday. Afternoon appointments are available

from 4pm to 6.30pm Monday to Friday with the exception of Thursday when the last appointment is for 5.50pm. The practice offers extended hours on Monday and Wednesday between 6.30pm and 7pm as well as 9.30am to 12.30pm on a Saturday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Primecare and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr P V Gudi and Partner on 13 August 2014 as part of a pilot programme for inspecting GPs. The practice was not rated for all five domains and six population groups inspected as we were testing our new approach. The full comprehensive report following this inspection can be found by selecting the 'all reports' link for Dr P V Gudi and Partner on our website at www.cqc.org.uk.

We carried out a further comprehensive inspection of Dr P V Gudi and Partner on 17 and 19 January 2017 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 to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share

Detailed findings

what they knew. This included NHSE England and Sandwell and West Birmingham clinical commissioning group. We carried out an announced visit on 17 and 19 January 2017. During our visit:

- We spoke with a range of staff including the two GP partners, the practice manager, the practice nurse, administration and reception staff.
- We spoke with 13 patients who used the service.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 12 comment cards where patients shared their views and experiences of the service.
- We reviewed some patient records to corroborate our findings.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and management records.
- Following our inspection we also spoke with the health visitor.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 13 August 2014 we found the practice was providing safe services overall. However, areas of identified improvement included medicines management and contingency plans relating to the absence of the practice manager. The practice was not rated as this inspection was part of the pilot programme for inspecting GPs.

At this inspection (17 and 19 January 2017), we found the practice had not maintained its safe track record and improvements were required to ensure patients were protected from risk of harm or receiving unsafe care and treatment.

Safe track record and learning

There was a system in place for reporting and recording incidents and significant events.

- Staff told us they would inform the practice manager or the GP partners of any incident and this would be recorded in the significant event book accessible to all staff.
- The practice had recorded eight significant events in the last 12 months. These events had also been submitted to the local incident and adverse event reporting system managed by the clinical commissioning group (CCG) which promoted wider learning. The CCG provided the practice with feedback on any external investigations undertaken when requested.
- Records reviewed showed significant events were analysed and discussed with relevant staff and / or at practice meetings.
- The practice ensured lessons were shared and that action was taken to improve safety within the practice. For example, a prescription error was identified by a patient and controls were put in place to ensure there was minimised risk of reoccurrence.
- Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information.
- An annual review of significant events was also undertaken to revisit outcomes from the incidents and ensure agreed changes were implemented.

The practice received a range of patient safety alerts via email including alerts from the medicines and healthcare products regulatory Agency (MHRA), NHS Improvement and NHS England. One of the GP partners took a lead role in reviewing medical devices and MHRA alerts to check if they were relevant to the practice or affected patients to ensure a review of their medicines was arranged. A log was maintained of patient safety alerts reviewed and action taken as a result.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse; however these needed to be strengthened.

- Staff we spoke to were aware of the local safeguarding procedures and who they would raise concerns with if needed. However, not all staff were fully aware of the term “vulnerable adult”. Most staff had received up to date training that was relevant to their role. Following our inspection we received written confirmation of the two GP partners having completed up to date training in child safeguarding (level three) on 22 January 2017. We found some children and vulnerable adults did not have safeguarding alerts placed on their records to ensure relevant staff accessing the record were aware of the concerns. Following our inspection, we received written confirmation to evidence this had been addressed. One of the GP partners attended the safeguarding meetings held every two months. However, some of the safeguarding records reviewed including meeting minutes were very brief about the safeguarding concerns and protection plans in place. We spoke to the health visitor following the inspection, and they gave positive feedback about the engagement with the practice including responding to safeguarding concerns and information sharing.
- Information was displayed in the waiting area and in consultation rooms to make patients aware that chaperones were available if required. The practice nurse acted as the chaperone within the practice. They 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.

Are services safe?

- Although we observed the premises to be clean and tidy during the inspection, some of the arrangements for maintaining appropriate standards of cleanliness and hygiene required improvement. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken but an action plan was not in place to address identified improvements. We found there were no sanitary bins for use by females (staff or patients) and sharp boxes were not always disposed within best practice timescales on the first day of our inspection. The practice addressed this by the second day of our inspection. This included signing up to a service agreement with an external company for provision and collection of sanitary bins.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Blank prescription forms and pads were securely stored. There were some systems in place to monitor the use of prescription forms but there was no log of GP home prescribing pads or monitoring of their use. On the second day of our inspection we found the practice had put in place a written log of serial numbers for prescription stock kept in the safe.
- Medicine related audits were undertaken to ensure prescribing was in line with best practice guidelines.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

The practice had procedures in place for monitoring and managing risks to patient and staff safety; however some of them required improvement.

Some of the arrangements for managing medicines and vaccines within the practice required strengthening to ensure patients were kept safe. This included the processes of obtaining, prescribing, recording, handling, storing, security and disposal of medicines.

- Processes were in place for handling repeat prescriptions.
- Our review of seven records for patients on high risk medicines showed the system in place for managing high risk medicines was mostly effective to ensure necessary monitoring including blood tests, had been done and was up to date. However, we found the GPs did not always have access to the blood test results undertaken at hospital to inform the repeat prescribing for specific medicines such as lithium and methotrexate. The GPs told us this had been highlighted to the clinical commissioning group (CCG) and was under review. The GPs also told us they sometimes accessed the results on line, contacted the hospital directly or the patient usually brought the result before issuing repeat prescriptions.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a fire risk assessment in place and fire fighting equipment (extinguishers) had been tested. Periodic fire drills were carried out and the most recent fire drill was carried out on 13 January 2017.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- However, we found potential risks in respect of heating in some of the consultation rooms being significantly hot and this may not be suitable for patients feeling unwell. This had been expressed as a concern by some patients and staff. In addition, CCTV surveillance was taking place in staff and patient areas without visible signage advising people that filming was taking place. The provider addressed this immediately to ensure they complied with relevant regulations, protected patient confidentiality and that policies were put in place to govern the use of the recordings.
- At the time of our inspection, the practice could not provide documentation to evidence that an up to date legionella assessment had been completed and / or regular monitoring of water temperatures was undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in

Are services safe?

buildings.) The practice manager told us a Legionella risk assessment had been completed by an external company prior to our inspection and a report was shared with the practice post our inspection.

- Staff we spoke with confirmed they had sufficient equipment to enable them to carry out their role. The practice maintained an equipment log including a maintenance schedule. Records reviewed showed portable appliance testing had been carried out on electrical equipment and clinical equipment was calibrated to ensure they were safe to use and working properly.
- Arrangements in place for planning and monitoring the number and skill mix of staff required review to ensure sufficient clinical staff were employed to meet patients' needs. We found the practice had not undertaken a needs analysis and risk assessment as the basis for deciding sufficient staffing levels given: the healthcare assistant post had been vacant for six months (28 hours a week) and alternative cover arrangements were not always sought when the one practice nurse was on leave. One of the GP partners told us they had found a suitable candidate for the healthcare assistant role; however they would need to undergo relevant training before they could start seeing patients. Staff we spoke with acknowledged they would benefit from additional clinical staff to enable more appointments and services to be offered for patients. The practice manager told us the number of staff taking leave at any one time was restricted to ensure adequate cover was in place. In addition, non-clinical staff were multi-skilled to ensure they could provide cover for each other in the event of sickness or annual leave. On the second day of our inspection, the practice manager told us they would carry out a needs analysis based on workforce data they had submitted to the CCG and patient demand for appointments/services.

Arrangements to deal with emergencies and major incidents

We found the practice did not always have adequate arrangements in place to enable them to respond to medical emergencies. For example:

- We found the practice did not have an automated external defibrillator (AED) or a paediatric pulse oximeter and the oxygen cylinder was nearly empty on the first day of our inspection. However, the practice had ensured the emergency equipment had been purchased and were available on the second day of our inspection. Future plans included supporting staff with relevant training to ensure they were able to use a defibrillator in the event of a medical emergency.
- Medicines used in the treatment of hypoglycaemia, acute or severe chest pain, suspected bacterial meningitis, fits, acute severe asthma or severe or recurrent anaphylaxis were not available on the first day of our inspection. There was no risk assessment in place detailing how the practice would respond in an emergency without these medicines. Staff feedback and records reviewed showed the process in place for checking that emergency medicines were available in sufficient quantities and in date, and that equipment was well maintained was not always effective. However, we found these medicines had been ordered and delivered on the second day of our inspection.
- We also saw that the practice nurse was able to respond to a medical emergency on the second day of our inspection and had liaised with the ambulance service to ensure the patient received appropriate care.
- The emergency medicines were accessible to relevant staff in a secure area of the practice and all staff knew of their location.
- 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 basic life support and anaphylaxis (if appropriate) training.
- A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was last reviewed September 2016.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 August 2014 we found the practice provided effective services. However, there were areas of practice identified where the provider needed to make improvements. This included completing two cycle audits and improving the process for sharing information about patients with the out of hours' service. The practice was not rated as this inspection was part of the pilot programme for inspecting GPs.

At this inspection (17 and 19 January 2017), we found the provider had not sustained some of our previous findings and as a result people were at risk of not receiving effective care or treatment.

Effective needs assessment

The GPs and practice nurse we spoke with were able to give examples of how they used current evidenced based guidance to inform their assessments and the delivery of care and treatment that met people's needs. This included access to the National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed prescribing guidelines. We saw some evidence to demonstrate the clinicians monitored that these guidelines were followed through audits and sample checks of patient records.

However, our review of patient records showed care and treatment provided did not always reflect current evidence-based guidance; specifically for some people with long term conditions and for patients experiencing poor mental health. For example, the cardiovascular disease (CVD) register included patients with a new (unresolved) diagnosis of hypertension. Two out of four records we reviewed showed the patients had not received blood pressure monitoring for six months and this included one patient who had a blood pressure reading that was above the recommended normal levels. High blood pressure (hypertension) is one of the risk factors for CVD. If a person's blood pressure is too high, it can damage their blood vessels.

Furthermore, we were concerned that the practice had achieved 0% for this public health indicator (CVD) for the year 2015/16 which was significantly below the CCG average of 99% and the national average of 97%. We were

therefore not assured that the practice had suitable systems in place to enable them to effectively assess the needs of some patients and protect them against the risks of unsafe or inappropriate care.

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 showed the practice had achieved 78.3% of the total number of points available. This was significantly below the clinical commissioning group (CCG) average of 94.9% and the national average of 95.3%.

The practice had an exception reporting rate of 8% which was marginally below the CCG average of 9.5% and the national average of 9.8%. 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.

The 2015/16 QOF data showed the practice was an outlier for a number of QOF clinical targets. For example:

1. Performance for cancer related indicators was 45.5% which was below the CCG and the national averages of 98%. Exception reporting for cancer related indicators was 50% which was above the CCG average of 31% and the national average of 25%.

Other sources of evidence we reviewed indicated that care provided for patients with cancer required improvement. For example, we reviewed three records relating to patients with a diagnosis of cancer and found they had not received a regular review. This was aligned with the 2015/16 data which showed only 50% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within six months of the date of diagnosis.

In addition, the 2015/16 benchmarking data published by Public Health England for cancer admissions and presentations was significantly higher for this practice when compared to the local and national averages. For example:

Are services effective?

(for example, treatment is effective)

- The number of emergency admissions with cancer (per 100 000 population) was 33. Based on comparative data the practice value was 797 which was above the CCG value of 450 and national value of 538.
- The number of emergency presentations with cancer (per 100 000 population) was 8. Based on comparative data the practice value was 193 which was above the CCG value of 79 and national value of 89.
- Performance for chronic obstructive pulmonary disease related indicators was about 80% which was below the CCG and national averages of 96%. (COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema). Exception reporting for COPD related indicators was 36% which was above the CCG average of 15% and the national average of 18%.

The clinicians were unable to undertake spirometry (test used to help diagnose and monitor certain lung conditions) within the practice due to not having the relevant qualifications; and as a result patients were referred to secondary care. This was reflected in the patient outcomes achieved for COPD and significantly high exception reporting. For example, 30% of patients with COPD had a record of FEV1 (forced expiratory volume in one second is a calculated ratio used in the diagnosis of obstructive and restrictive lung disease) in the preceding 12 months compared to a CCG average of 84% and national average of 86%. Exception reporting was 91%, which was 74% above the CCG average and 75% above national average. We were not assured that patients with COPD were receiving appropriate care and monitoring.

1. Performance for mental health related indicators was 53% which was below the CCG average of 92% and the national average of 93%. Exception reporting for mental health related indicators was 7% which was below the CCG average of 13% and the national average of 11%.
2. Performance for depression related indicators was 0% which was below the CCG average of 91% and the national average of 92%. The 0% achievement meant patients aged 18 or over with a new diagnosis of depression in the preceding year had not been reviewed within 10 to 56 days after the date of

diagnosis. Exception reporting for depression related indicators was 26% which was in line with the CCG average of 25% and above the national average of 22%.

We also reviewed three records of patients experiencing poor mental health and found there was no structured process in place to assess and review patients on anti-depressants and hypnotics. GPs we spoke to told us the recall of anti-depressants was undertaken by them as part of repeat prescribing.

1. Performance for diabetes related indicators was 69% which was below the CCG average of 88% and the national average of 90%. Exception reporting for diabetes related indicators was 5% which was below the CCG average of 11% and the national average of 12%.
2. Performance for rheumatoid arthritis related indicators was about 69% which was below the CCG average of 95% and the national average of 96%. This was achieved with a 0% exception reporting rate which was below the CCG and national averages of 7.5%.
3. Performance for coronary heart disease related indicators was 45.5% which was below the CCG and national averages of 98%. Exception reporting for coronary heart disease related indicators was 7% which was below the CCG average of 9% and the national average of 8%.
4. Performance for stroke related indicators was 66% which was below the CCG average of 97% and the national average of 97%. Exception reporting for stroke related indicators was 15% which was above the CCG average of 11.5% and the national average of 10%.

The GPs we spoke with demonstrated awareness of QOF areas requiring improvement and staff told us two monthly meetings were held to discuss strategies to address this. However, the practice could not provide evidence of documented action plans that showed progress was being made in improving QOF outcomes. As a result, we were unable to corroborate their feedback and be assured that outcomes of people's care and treatment were always monitored regularly and used to improve quality.

The practice supplied QOF data for 2016/17 showed an achievement of 69.5% as at 17 January 2017 (this data was yet to be verified and published). The 2016/17 QOF data did

Are services effective?

(for example, treatment is effective)

not evidence significant improvement to clinical outcomes for patients when compared to 2015/16 data; although we acknowledge there are two more months to the end of the QOF financial year.

Our review of 20 patient records and discussion with staff showed the practice did not have a structured and effective recall system for inviting patients for regular health reviews and a proactive approach to opportunistic screening and patient education. This placed patients at risk of not receiving effective care or treatment. Following our inspection, the practice manager advised in writing the practice was in the process of setting up regular recalls for chronic disease management based on the patient's birthdate.

There was evidence of action being taken following clinical audit and data collection.

- One of the GP partners discussed with us two completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit on the screening for urine albumin to creatinine ratio (ACR) for patients with diabetes. A person's ACR level should be checked as soon as diabetes is diagnosed as it helps identify kidney disease that can occur as a complication of diabetes. As a result of the initial audit, areas for improvement were identified including staff education and increased screening for patients at risk. The re-audit demonstrated all affected patients had received relevant screening and monitoring.
- The practice had also completed single cycle audits relating to: minor surgery; antibiotic prescribing for urinary tract infections and specific treatment for patients with poorly controlled diabetes.
- Feedback received from the CCG highlighted the practice were making reasonable progress with most of their targets linked to the prescribing development scheme (PDS) and primary care commissioning framework targets (PCCF). The PCCF is used to commission services from GP practices and helps to develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients.

Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles.

- The practice had a role specific induction programme for newly appointed clinical and non-clinical staff. This covered topics such as confidentiality, safeguarding, infection control, fire safety, health and safety.
- Staff had access to and made use of e-learning training modules and in-house training. Records reviewed showed staff had completed a range of courses which included: information governance; consent; management of repeat prescriptions; learning disability and dementia awareness.
- However, the system in place for the regular completion of training updates for other areas was not effectively managed as some members of staff had not undertaken their safeguarding training update at the time of inspection. Following the inspection, the practice manager told us they would be sending monthly reminders to staff as the annual training becomes due.
- Clinical staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of their competence. The GPs and practice nurse stayed up to date with changes to the immunisation programmes, for example by accessing on line resources and peer discussions.
- Most staff told us they had sufficient time to undertake role-specific training and complete training updates relevant to their roles.
- The learning needs of staff were identified through appraisals and practice meetings. We saw evidence of completed annual appraisals for all non-clinical staff and the practice nurse; which also included personal development plans.
- The GP partners and practice nurse told us clinical supervision and support took place in different ways. This included regular debrief sessions about the care of specific patients and one of the GP partners facilitated regular educational forums (usually Tuesday evening) for both clinical and non-clinical staff within the locality. The forum was addressed by consultants and specialists in a range of conditions/topics that were relevant. or of interest to the group.
- Training records reviewed and discussion with clinicians showed systems were in place to support their revalidation. Revalidation is the process that all GPs and nurses in the UK need to follow to maintain their registration with their appropriate professional body.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

Most of 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 medical records, investigation and test results.

Staff told us of delays in receiving medical records for patients and provided documented evidence to show this had been discussed at the Sandwell Health alliance locality meetings for follow-up as this had affected other local practices. Whilst we acknowledged the delays by a third party and the fact that staff could access the records onsite when needed, we were concerned that no action plan was in place to ensure the backlog of 134 notes (some dating back to 2015) were summarised and completed timely. On the second day of the inspection, we were given an action plan which stated two members (18 hours a week) would undertake the summarising and the backlog would be completed by April 2017.

The practice staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients referred and / or moved between services, or after they were discharged from hospital. The care needs of patients with complex needs including their care plans were reviewed at regular meetings held with community health care professionals. The meetings were attended by a range of specialist nurses including the community staff nurse, palliative care nurse, district nurse, community matron and / or urgent response nurse.

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.
- Written consent was sought for procedures such as minor surgery.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services as required. This included Sandwell Healthy Lifestyle Services.
- Nine out of 21 (43%) patients with a learning disability had received an annual health check at the time of inspection. Ten out of 16 (63%) health checks had been undertaken in the preceding year.
- NHS health checks for patients aged 40–74 were undertaken by “the mytime active” specialist staff at the practice. At the time of inspection 33 NHS health checks had been completed for 2015/16. Practice staff reported a high rate of patients not attending their appointments as a contributory factor to the low uptake.
- The 2015/16 immunisation rates for vaccinations given to children were above the national averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 93.2% to 100% and five year olds ranged from 97.4% to 100%.
- QOF data showed the practice's uptake for the cervical screening programme was 76% which was below the CCG average of 79% and the national average of 81%.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. The 2015/16 published data for cancer services showed:

- Breast cancer screening for females aged 50 to 70 years in the preceding three years was 74%. This was above the CCG average of 66% and the national average of 72.5%.
- Bowel cancer screening for persons aged 60 to 69 years in the preceding 2.5 years was 52%. This was above the CCG average of 45% and below the national average of 58%.

Are services caring?

Our findings

At our previous inspection on 13 August 2014 we found the practice provided a caring service. The practice was not rated as this inspection was part of the pilot programme for inspecting GPs.

Kindness, dignity, respect and compassion

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

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

Most of the 13 patients we spoke with told us they were satisfied with the care provided by the practice. For example, patients said their privacy and dignity was respected by reception and medical staff during consultations, including intimate examinations.

Nine out of 12 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, friendly and caring. Less positive comments related to long waiting times to be seen by the GP after their appointment time.

The national GP patient survey results showed most patients felt they were treated with compassion, dignity and respect. The practice was generally in line with or marginally below the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 93% and the national average of 95%.
- 80% of patients said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.

- 78% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 87% of patients said the nurse was good at listening to them compared to the CCG average of 87% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

Eleven out of 13 patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, 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 all but one comment card we received was also positive and aligned with these views.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or marginally above local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% 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%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 90%.
- 89% 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%.

Care planning was also used to support patients at risk of hospital admission and those who were nearing the end of

Are services caring?

their lives; in collaboration with other multi-disciplinary professionals. The practice provided facilities to help patients be involved in decisions about their care. This included:

- Translation services for patients who did not have English as a first language. We saw reception staff booking interpreters for patients that required support.
- Some information leaflets were available in alternative languages.

Patient and carer support to cope emotionally with care and treatment

Satisfaction scores for interactions with the practice nurse and receptionists was above the local and national averages:

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Lower satisfaction scores were achieved for interactions with the GPs.

- 77% 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 85%.

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. For example there was information related to support organisations for carers and people experiencing poor mental health. Patients could access counselling services from the practice through a regular clinic delivered from their premises.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers which equated to approximately 1.7% of the practice list. The carers register was used to review the health and support needs of carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 August 2014 we found the practice was responsive to some people's needs although we did not see evidence of pro-active efforts to reach out to all population groups. The availability of GP appointments and being able to talk to a doctor on the phone were the two issues that patients were least satisfied about. The practice was not rated as this inspection was part of the pilot programme for inspecting GPs.

At this inspection (17 and 19 January 2017), we found some people's needs were still not being met through the way services were organised and delivered.

Responding to and meeting people's needs

The practice delivered services designed to meet the needs of most of its practice population. For example:

- Same day appointments were available for children and efforts were made to accommodate all other patients who required them.
- There were longer appointments available for patients with a learning disability, those requiring support from an interpreter and people experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered extended hours services two evenings per week and on a Saturday morning for patients who could not attend during normal opening hours.
- A text messaging service was used to remind patients of their appointment date and time, with the option to cancel the appointment to assist in reducing missed appointments.
- Online services provided included the booking of GP appointments and request for prescriptions.
- Some of the practice staff spoke more than one language which included Hindi, Punjabi and Gujarati. These languages were spoken by some of the patients and enabled easier communication with some patients where English was not their first language.
- The practice hosted "diabetes in community care extension" (DICE) clinics every two months which were consultant led and also included a specialist diabetes nurse. This enabled patients to access care closer to home and increased the skills of the GPs and practice nurse in managing patients with poorly controlled type two diabetes.
- Minor surgery including joint injections and a range of immunisations and travel vaccinations were offered at the practice.
- Pregnant women had access to a weekly antenatal clinic (usually on a Tuesday) facilitated by the midwife and a weekly baby clinic was run by the practice nurse. An education pack with various information was given to new mothers. This included advice on breast feeding, immunisation schedules, first aid, and the safe storage of children's medicines.
- Reasonable adjustments had been made for people with disabilities and / or impairments. This included level access to the building at the rear of the practice, a ramp to the front door, ground floor consultation rooms and automatic doors to assist patients with mobility problems or children in push chairs.

However, since our 2014 inspection, we found a review of the needs of the local population had not been undertaken or taken into account when planning services. As a result, some people were not able to access services for assessment, diagnosis or treatment at the practice when they needed to. For example:

- The practice had a vacant post for a health care assistant (28 hours) for over six months and this meant some health checks and phlebotomy services were not routinely provided within the practice.
- The GP partners and practice nurse told us they did not have the up to date qualification that enabled them to undertake spirometry monitoring and as a result patients had to access the service from secondary care subject to a referral. (Spirometry is a test used to help diagnose and monitor certain lung conditions, most commonly chronic obstructive pulmonary disease). This had not been prioritised as a practice development need and used to inform the learning needs of the clinicians.

Are services responsive to people's needs?

(for example, to feedback?)

- Bookable telephone consultations were not routinely offered although staff told us patients could telephone the practice to talk to a doctor at the end of each surgery session.
- Although the practice was registered to offer family planning services, patients were referred to the local health centre for the fitting and removal of intrauterine devices (coils) and implants, and for advice and support for all aspects of contraception. We were told this had been a decision made by the clinical commissioning group (CCG)..

Access to the service

The practice was open between 8am and 7pm Monday to Friday and 9am to 12.30pm on a Saturday. GP appointments were available from 9am to 12.30pm Monday to Friday and 4pm to 6.30pm Monday to Friday with the exception of Thursday when the last appointment was for 5.50pm. Extended hours appointments were offered at the following times: 6.30pm to 7pm on Mondays and Wednesdays; and every Saturday from 9.30am to 12.30pm. Routine appointments could be booked up to three months in advance via telephone or online.

The national GP patient survey results showed that patient's satisfaction with how they could access care and treatment was mostly positive. For example:

- 84% of patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and the national average of 73%.
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 91% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.
- 67% usually get to see or speak to their preferred GP compared to the CCG average of 45% and the national average of 59%.
- 69% described their experience of making an appointment as good compared to the CCG average of 62% and the national average of 73%.

Most patients told us they were able to get appointments when they needed them or within the same week; and priority was always given to children. However, some patients had concerns about the "long waiting times" to see a specific GP and this included waiting times of between 20 minutes and an hour on some occasions. This feedback was corroborated by the national GP patient survey results, complaints raised by patients and our review of the appointment system. For example survey results showed:

- 69% of patients usually waited 15 minutes or more after their appointment time to be seen compared to the CCG average of 46% and national average of 35%.
- 69% of patients felt they normally have to wait too long to be seen compared to the CCG average of 54% and national average of 42%.

Although staff told us this had been discussed with the relevant GPs and the PPG, the agreed actions (for example, time management by the clinicians, offering longer appointments and patient education) had limited impact in improving waiting times. We noted that some morning consultations did not always start on time and consequently affected all other patients. We were told this would be reviewed post our inspection and the concerned GPs would consider it as part of their appraisal.

Listening and learning from concerns and complaints

The practice had systems in place to manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints. The GPs would take a lead in investigating complaints of a clinical nature in liaison with the practice manager when required.
- Information about the complaints process was visibly displayed in the waiting area.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception.

The practice had received eight written complaints in the year 2015/16. We reviewed six of the eight complaints in

Are services responsive to people's needs?

(for example, to feedback?)

detail and found these were dealt with in a timely way with openness and transparency. Apologies were given to people making complaints where appropriate. A patient we spoke with told us their complaint had been responded to.

Complaints were reviewed at the practice team meetings and learning was appropriately identified and implemented. This included additional training for a GP in

respect of safeguarding vulnerable adults, undertaking a review of a patient's care and treatment, and one to one meetings with staff about their communication skills with staff. An annual review was also undertaken to ensure the agreed action had been completed and any themes were identified.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 13 August 2014 we found the practice was well led overall. However, not all staff were aware of the practice's stated mission and there was no written strategy or practice wide objectives in place to drive the quality of care. The practice was not rated as this inspection was part of the pilot programme for inspecting GPs.

At this inspection (17 and 19 January 2017), we found the leadership, governance and culture did not always support the delivery of high-quality person-centred care.

Vision and strategy

The practice had a mission statement which outlined their aim "to provide the best possible NHS care to its patient population within the available resources."

- Staff knew and supported the values of the practice which included providing a friendly and comfortable environment for patients.
- However, some of the practice's stated objectives were not well developed and / or implemented. Specifically the objective to enhance performance and meet the needs of the practice population.
- The future strategy of the practice centred on partnership working with other local practices as part of the Sandwell Health Partnership Ltd. The male GP partner was the chair for the partnership and felt this informed their succession planning. Records reviewed showed periodic meetings were held to discuss the collaborative working arrangements and new models of care. We were told the regular locum GP had been offered partnership.
- There was limited documented evidence to show that the practice held dedicated business or partnership meeting to ensure plans for the future were formalised and regularly reviewed. However, the GP partners and practice manager confirmed informal meetings were held regularly.

Governance arrangements

The practice had some governance arrangements in place to support staff in undertaking their roles. For example:

- There was a clear staffing structure and most staff were aware of their own roles and responsibilities.

- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed.

However, the arrangements for clinical governance and performance management did not always operate effectively.

- We found limited evidence to demonstrate that the practice had the capability or the capacity to improve their own performance. For example, the practice's overall achievement for the Quality Outcomes Framework (QOF) had declined by 11.6% in the last year three years. The practice achieved 89.9% in 2013/14, 81.8% in 2014/15 and 78.3% in 2015/16. The QOF data demonstrated that any action being taken by the practice was not resulting in improvements for patients.
- We were also not assured that the provider had effective and embedded governance systems in place to ensure treatment for patients was provided in a safe and effective manner.
- The practice did not have an effective and planned audit programme in place to continuously drive improvements.
- Staff told us regular governance meetings took place to discuss service provision within the practice. However, there were limited records including meeting minutes related to the management of the regulated activities available. Our review of the patient record system also showed patient records were not always coded accurately.
- Systems were not always operated effectively to ensure that risks were identified, assessed and monitored. In addition, risks were not always dealt with appropriately or in a timely manner. For example, we found inadequate supplies of emergency medicines and equipment on the first day of our inspection; and this had not been identified earlier or acted upon since our August 2014 inspection (lack of a defibrillator). However, the practice was reactive to our findings and ensured sufficient quantities were available on the second day of our inspection.

Leadership and culture

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

Are services well-led?

Inadequate 

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

- The practice manager was visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.
- Most staff told us there was a blame-free and open culture within the practice and they had the opportunity to raise issues at team meetings and were confident in doing so.
- Team meetings were held every two months and all staff were given a copy of the meeting minutes to ensure they were aware of issues discussed.
- Most staff we spoke to were positive about the team working culture within the practice.
- Records reviewed showed concerns regarding staff attitude were discussed and investigated to improve relations within the team.

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

The practice encouraged feedback from people and engaged them in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG). The PPG comprised six members and information was displayed in the waiting area to encourage new members to join the PPG. The PPG meetings were held at the practice at least every quarter and meetings were attended by the practice manager and sometimes the GPs. The practice implemented suggestions for improvements and made

some changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. This included increasing the car park size and improvements to the management of prescriptions.

- Feedback from patients was also gathered through an annual survey and the results were reviewed at practice and PPG meetings. The 2016 patient survey results showed the overall experience of the GP surgery was excellent or good for 77% of respondents and 60% were likely to recommend the GP surgery to friends and family (this meant 40% of patients would not recommend the surgery). Records reviewed showed action plans were implemented where changes could be made.
- Patients were also encouraged to complete the NHS friends and family test survey. However, an evaluation of the patient feedback had not been completed by the practice.
- The practice gathered feedback from staff through meetings, appraisals and on-going discussions. Most staff told us they would happily give feedback and discuss any concerns or issues with colleagues and management. Some staff highlighted that improvements could be made to ensure they felt involved in discussions about how to run and develop the service delivered by the practice.

Enforcement actions

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found systems and processes did not always operate effectively to ensure the registered person did all that was reasonably practicable to assess, monitor, manage and mitigate risks relating to the health, safety and welfare of patients who use services.</p> <ul style="list-style-type: none">• We found the practice did not have an effective recall system to facilitate the health reviews of patients, including people experiencing poor mental health and people with long term conditions in line with best practice. This was reflected in the nationally reported data which showed the majority of patient outcomes were below local and national averages.• Records relating to the management of regulated activities which included the planning and delivery of care and treatment were not maintained securely. This included meeting minutes, action plans and safeguarding related records.• Where quality and/or safety was compromised the practice did not always respond appropriately, including taking timely action to address issues and improve clinical outcomes for patients and acting on patient feedback.• The practice had not responded appropriately to patient feedback to drive improvements to the quality of services. Specifically long waiting times to be seen by a clinician and delays in starting the GP surgeries. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>