

# Coseley Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# 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 Coseley Medical Centre on 6 October 2016. Overall the practice is rated as requires improvement.

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

- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was proactive in identifying and managing significant events. We noted that in some areas governance arrangements reflected best practice, for instance across risk management and areas to support good infection control practice.
- However, in other areas governance arrangements were not as effective. For example, we found that the practice did not follow an effective system for managing uncollected prescriptions.
- Although we saw evidence to support that the health care assistant was trained to administer flu vaccines, however the evidence provided during our inspection did not represent a legal patient specific directive (PSD). Additional evidence was later provided to the lead inspector to confirm that the PSDs were in place to support the administration of flu vaccinations by the health care assistant.
- Performance data for 2014/15 highlighted that the practice was below average across areas of the Quality and Outcomes Framework (QOF). Additional data provided by the practice demonstrate that improvements had been made, however performance was still low for Diabetes care.
- Results from the national GP patient survey published in July 2016 highlighted poor responses regarding access. We found that some measures had been implemented to improve this including measures to ease telephone traffic, promotion of telephone consultations and the pharmacy first scheme and changes to reception rotas to help manage phone lines.

# Summary of findings

- Staff spoken with demonstrated a commitment to providing a high quality service to patients. During our inspection members of the active patient participation group (PPG) described a practice team who listens and acts on patient feedback and we saw examples of how the practice had acted on patient feedback and suggestions during our inspection.

The areas where the provider should make improvements are:

- Ensure that governance arrangements are established across all areas and ensure that policies are well embedded to support systems support systems for managing uncollected prescriptions.
- Ensure that effective systems and processes are established in order to sustain and continue to work on improving areas identified for improvement from the national GP patient survey responses.
- Continue to identify carers in order to provide further support where needed.
- Ensure that vaccines are stored in line with recommended guidelines.
- Ensure that staff have a clear understanding of legal requirements to support them when administering vaccines; including patient specific direction (PSD) governance and systems.

**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



- There were systems in place for reporting incidents, as well as comments and complaints received from patients. The practice also had systems, processes and practices in place to keep people safeguarded from abuse.
- We found that some of the systems and processes for prescribing and prescription management required improvement. For example, we found that the practice did not follow an effective system for managing uncollected prescriptions.
- Although we saw evidence to support that the health care assistant was trained to administer flu vaccines, we noticed that the records signed by the prescribing GP were not patient specific and were signed retrospectively to cover a specific period for the health care assistant to administer flu vaccines. The evidence provided during our inspection did not represent a patient specific directive (PSD).
- However, additional evidence was later provided to the lead inspector to confirm that the PSDs were in place to support the administration of flu vaccinations by the health care assistant.

### Are services effective?

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

Requires improvement



- We saw that practice continually monitored areas such as antibiotic prescribing however during our inspection there was no evidence of completed clinical audits in place which had been repeated to monitor quality and to make improvements.
- Additional evidence was provided following our inspection which represented complete audits on antibiotic prescribing and a completed audit on Osteoporosis, focusing on patients with a calcium and vitamin D deficiency. The audits had been repeated and demonstrated improvements, however as supporting evidence these audits were not supplied during the inspection.

# Summary of findings

- Performance data for 2014/15 highlighted that the practice was below average across areas of the Quality and Outcomes Framework (QOF). Additional provided by the practice demonstrate that improvement had been made, although performance was still low for diabetes care.
- Members of the management team were aware of QOF indicators where the practice were outliers and were positive that performance would improve now that the team was in a more stable position with regards to nurse and GP staff. We saw that the practice was actively using the Dudley clinical commissioning groups long term condition framework which replaced QOF in April 2016 for Dudley practices who opted in to the local quality framework.

## Are services caring?

The practice is rated as good for providing caring services.

- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect.
- The practice's computer system alerted GPs if a patient was also a carer and 1% of the practices list had been identified as carers. The practice had implemented some measures to try to identify more carers and to offer them support; this included a newly developed carers pack and the development of a carers corner to encourage carers to seek support from the practice and to notify them if they care for someone.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. Some of the feedback we received from patients and completed comment cards commented on how the practice team had been supportive through times of bereavement.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice also supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Good



## Are services responsive to people's needs?

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

- Patients could access appointments and services in a way and at a time that suited them. There were longer appointments

Requires improvement



# Summary of findings

available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.

- Results from the national GP patient survey published in July 2016 highlighted poor responses regarding access. We found that some measures had been implemented to improve this including measures to ease telephone traffic, promotion of telephone consultations and the pharmacy first scheme and changes to reception rotas to help manage phone lines.
- Members of the management team explained that their current telephony system had impacted on problems with telephone access. The practice was currently mid-way through their contract with the service provider. We saw that the practice had proactively explored alternative telephony systems and had plans in place to transfer to an alternative provider in the future.
- The practice offered a range of services to patients including a monthly Cryotherapy walk in clinic where patients could walk in and wait for Cryotherapy treatment.

## Are services well-led?

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

- We noted that in some areas governance arrangements reflected best practice, for instance across risk management.
- However, in other areas governance arrangements were not as effective. For example, we found that the practice did not follow an effective system for managing uncollected prescriptions.
- Staff spoken with spoke highly of the practice and demonstrated a commitment to providing a high quality service to patients.
- During our inspection members of the patient participation group (PPG) described a practice team who listens and acts on patient feedback. For example, the practice offered in-house phlebotomy in response to a suggestion made by the practices PPG.

**Good**



# 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 requires improvement for the care of older people.

- The practice is rated as requires improvement for providing, effective and responsive services; this affects all six population groups.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at risk of admission to hospital and patients who had been discharged from hospital were also discussed on a fortnightly basis.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

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

- The practice is rated as requires improvement for providing, effective and responsive services; this affects all six population groups.
- The practice offered a range of clinical services which included care for long term conditions.
- QOF 2014/15 performance for overall diabetes related indicators was 74%, compared to the CCG average of 91% and national average of 92%. QOF 2015/16 data was made available after the inspection, we saw that although some improvement had been made the practice was still below average for performance indicators on diabetes care.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to assess and plan ongoing care and treatment for the practices patients with long term conditions.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- The practice is rated as requires improvement for providing, effective and responsive services; this affects all six population groups.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for under two year olds ranged from 78% to 92% compared to the CCG averages which ranged from 74% to 98%. Additional data provided by the practice after the inspection highlighted that the average childhood immunisation rates for under two's had increased to 95%. Immunisation rates for five year olds were ranged from 72% to 98% compared to the CCG average of 72% to 98%.
- The practice was focussing on encouraging families, children and young people to eat healthily through sponsorship of a local allotment for a nearby primary school. Through practice sponsorship, the local school could access the allotment and encourage children to eat healthy foods such as fruit and vegetables planted at the allotment.

Requires improvement



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

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

- The practice is rated as requires improvement for providing, effective and responsive services; this affects all six population groups.
- Patients could access appointments and services in a way and at a time that suited them.
- Appointments could be booked over the telephone, face to face and online.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. The practice's uptake for the cervical screening programme was 72%, compared to the CCG average of 78% and

Requires improvement





# Summary of findings

national averages of 81%. Unverified data provided by the practice during our inspection highlighted that some improvement had been made in this area and current results were at 74%.

- The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. Additional evidence was supplied after our inspection to confirm that the practice had achieved 81% for the 2015/16 cervical screening programme.
- The practice offered the smoking cessation advice service since April 2016. Practice data highlighted that 2118 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 11 (1%) had successfully stopped smoking.

## People whose circumstances may make them vulnerable

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

- The practice is rated as requires improvement for providing, effective and responsive services; this affects all six population groups.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified 62 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 52% of these patients received medication reviews within a 12 month period.
- The practice responded to the needs of some of their vulnerable patients including patients who were deaf, patients with a hearing impairment and patients were also visually impaired. To offer support, the practice had enrolled their staff on a sign language course. Furthermore, the practice changed the numbering system on their consultation and treatment room doors to make the numbers lighter and easier to see for patients who were partially sighted.

**Requires improvement**



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

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

**Requires improvement**



# Summary of findings

- The practice is rated as requires improvement for providing, effective and responsive services; this affects all six population groups.
- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- QOF 2014/15 data was available to us at the point of our inspection. Performance for mental health related indicators was 92%, compared to the CCG average of 93% and national average of 92%. QOF performance showed that appropriate diagnosis rates for patients identified with dementia were 57%, compared to the CCG average of 81% and national average of 84%. However, more recent QOF data for 2015/16 showed significant improvement for mental health and dementia performance.
- The practice supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

# Summary of findings

## What people who use the service say

The practice received 106 responses from the national GP patient survey published in July 2016, 265 surveys were sent out; this was a response rate of 40%. The results highlighted that the practice's responses were below local and national averages across areas of the survey. For example:

- 38% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 72% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 59% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Service users completed 28 CQC comment cards. We spoke with three patients during our inspection including two members of the patient participation group (PPG). Patients we spoke with and completed comment cards gave positive feedback with regards to the service provided.

## Areas for improvement

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

The areas where the provider should make improvements are:

- Ensure that governance arrangements are established across all areas and ensure that policies are well embedded to support systems support systems for managing uncollected prescriptions.
- Ensure that effective systems and processes are established in order to sustain and continue to work on improving areas identified for improvement from the national GP patient survey responses.
- Continue to identify carers in order to provide further support where needed.
- Ensure that vaccines are stored in line with recommended guidelines.
- Ensure that staff have a clear understanding of legal requirements to support them when administering vaccines; including patient specific direction (PSD) governance and systems.

# Coseley Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Coseley Medical Centre

Coseley medical centre is a long established practice located in the area of Coseley, in the West Midlands. There are approximately 6,660 patients of various ages registered at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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 clinical team includes three male GP partners, an advanced nurse practitioner, two practice nurses and a health care assistant. The GP partners and practice manager form the management team and they are supported by a team of 12 support staff who cover reception, secretarial and administration roles. Members of the management team explained that one of the practices long term GP partners had been away from the practice due to health reasons since approximately February 2016. We saw that patients had been informed of the long term GPs absence from the practice through notices on display and on the practices website.

The practice is open between 8am and 6:30pm during weekdays. Appointments are available from 9am to

11:30am and then from 4:30pm until 6:30pm. There is a GP on call between 8am and 9am and also between 11:30am and 4:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

# Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection on 6 October 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were systems in place to monitor safety and the practice used a range of information to identify risks and improve patient safety. For instance, there were effective processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients.

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process they followed to record and report significant events.

The practice had records of 25 significant events that had occurred during the last 12 months. Significant event records were well organised, clearly documented and continually monitored. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded on identifying that the practice's Cryotherapy flask was accidentally damaged in transit. We saw that action was taken immediately and an official report was made to the laboratory.

Staff shared learning by reflecting on significant events and complaints during regular practice meetings. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

Safety alerts were disseminated and well monitored by the practice manager; we saw that records were kept to demonstrate action taken. We discussed examples of recent patient safety alerts and we saw how medicines alerts and an alert pertaining to national home visit guidelines were appropriately disseminated, acted on and effectively embedded in the practice.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings and provided reports where necessary for other agencies.
- The practice frequently engaged with the local health visitor on a weekly basis to discuss specific care needs for families and children. Staff we spoke with demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for GPs.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the reception team would usually act as chaperones. We saw that disclosure and barring (DBS) checks were in place for members of staff who chaperoned and all of them had received chaperone training. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. Furthermore, we saw evidence to support that staff, such as practice GPs, members of the nursing team and locum GPs had also received DBS checks.
- The practice regularly used locum GPs to offer primary care support. Staff explained that they used a locum GP to cover sessions once a week and that although they tried to use the same GP, sometimes they would need to use different Locums based on availability. Records demonstrated that appropriate recruitment checks were completed for their locum GPs; these were mostly sourced through a locum agency.
- One of the practice nurses was the infection control lead, staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- There was an infection prevention control protocol in place and we saw records of completed infection control audits. Audit records highlighted that the practice had completed a number of actions identified on the infection control audit such as ensuring that clinical waste was secure.
- The infection control lead also completed an in-house infection control audit every three months to

## Are services safe?

continually monitor compliance with infection control best practice guidelines. Furthermore, the infection control lead frequently carried out a hand hygiene audit at random with five staff members to check hand washing techniques and to test good infection control practice. Actions such as infection control coaching and ensuring staff had access to hand gels were implemented as a result of these audits.

- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- The vaccination fridges were secure, vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. However, during our inspection we noticed that one of the practices vaccination fridges was full with flu vaccinations and that the vaccinations were not well ventilated as the fridge was completely full; with no space between vaccination boxes for air to circulate. Best practice guidelines by Public Health England advise that there should be sufficient space around the vaccine packages for air to circulate. During our inspection we brought this to the attention of the practice manager, shortly after our inspection the practice manager contacted the lead inspector to advise that the vaccines had been safely distributed amongst their two fridges to ensure that they were well ventilated.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was a system in place which included clear and detailed records to track and monitor the use of prescription pads used for home visits and for prescription stationery in printers. We also noticed that the practice displayed prescription security guidelines in admin areas as a reminder to staff on the importance of prescription security.

- We saw evidence that the practice nurses had received appropriate training to administer vaccines. We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs).

There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. However, during our inspection the evidence we reviewed indicated that the practice did not have full visibility of recommended blood monitoring for certain areas, such as patients who were on high risk medication. Although this was due to the set-up of the local system, on the day of our inspection the practice were unable to provide assurance that the relevant monitoring such as blood test results, had been taken in to consideration prior to prescribing high risk medicines. Shortly after our inspection further evidence was provided to provide assurance that the GP was able to access and monitor specific test results prior to prescribing high risk medicines. We also saw supporting audits where this was monitored and additionally reviewed by the GP and the practice pharmacist on a regular basis.

Although staff we spoke with advised that they checked uncollected prescriptions approximately every one to two weeks, we found at random three prescriptions dating back to February, April and July. Although staff we spoke with explained that patients would have likely received their medication, there were no entries on the practices patient record system to clarify that this was the case. Furthermore, this indicated that the practice did not have an effective system in place for monitoring and managing their uncollected prescriptions. Shortly after the inspection, the practice reviewed and disseminated their protocol for uncollected prescriptions. We saw that the protocol informed staff to check uncollected prescriptions every four weeks and to inform a clinician of any prescriptions identified as uncollected. Additional actions included contacting the patient where needed and recording actions on the practices patient record system.

Although we saw evidence to support that the health care assistant was trained to administer flu vaccines, during our inspection we noticed that the records signed by the prescribing GP were not patient specific and were signed retrospectively to cover a specific period for the health care assistant to administer flu vaccines. Therefore, the record we viewed during our inspection did not represent a legal



## Are services safe?

patient specific directive (PSD). PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. What we saw during our inspection did not contain a list of patients who had been assessed by the prescriber and therefore this represented a general instruction for the health care assistant to administer a flu vaccine to any patient attending the flu clinic during a specific timeframe.

- Shortly after our inspection the practice submitted records of a reviewed protocol to support the administration of flu vaccinations by the health care assistant. We saw that this included requirements to ensure that the health care assistant had adequate PSDs in place which reflected legal requirements and good governance. Conversations with the practice manager highlighted that patient specific directions would be implemented appropriately as a priority, prior to the upcoming flu clinics. We also saw records of a new PSD template developed by the practice shortly after our inspection.
- Additional evidence was later provided to the lead inspector to confirm that the PSDs were in place to support the administration of flu vaccinations by the health care assistant but this evidence was not provided to the inspection team during our inspection.

### Monitoring risks to patients

- There was a health and safety policy and the practice had a number of comprehensive and well organised risk assessments in place to monitor specific aspects safety.

- Risk assessments covered general health and safety of the premises, fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We also saw records to show that regular fire alarm test and fire drills had taken place.
- There were appointed safety leads and supporting safety officers in place who managed areas such as health and fire safety.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was a system in all the treatment rooms which alerted staff to any emergency in the practice. 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 staff were aware of how to access the plan.

The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency equipment was regularly checked to ensure it was fit for use. There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. At the point of our inspection we had access to QOF results for 2014/15, the practice results for 2014/15 were 79% of the total number of points available, with 8% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 81%, compared to the CCG average of 83% and national average of 84%. The practice had recognised this as an area to improve on and had liaised with a local pharmacy and made plans to purchase blood pressure monitors for patients with hypertension. The practice was in the early stages of these plans and staff we spoke with explained that this was part of a practice drive to encourage self-care. We saw that these plans formed part of a comprehensive practice improvement action plan.
- There were 31 patients on the practice's dementia register. Data showed that appropriate diagnosis rates for patients identified with dementia were 57%, compared to the CCG average of 81% and national

average of 84%. We discussed the practice's performance for dementia during our inspection, staff we spoke with explained that the challenges with turnover of clinical staff had impacted on aspects of QOF.

- Performance for mental health related indicators was 92%, compared to the CCG average of 93% and national average of 92%.
- Performance for overall diabetes related indicators was 74%, compared to the CCG average of 91% and national average of 92%.
- We looked at individual diabetes related indicators during our inspection and found that the practice had made some improvement on specific areas of diabetes performance. For example, QOF performance for 2014/15 highlighted that the percentage of patients with diabetes with a blood glucose level of 64 mmol/mol or less was 61% compared to the CCG and national averages of 77%. Current, unverified data provided by the practice highlighted that this had increased to 70%.
- Furthermore, one of the GPs had started training on insulin initiation therapy. The GP was mid-way through their training, clinical staff highlighted that this extra skill would help to improve diabetic care for patients and have a positive impact on the practice's diabetes performance.

Additional evidence for QOF 2015/16 data was supplied to the lead inspector following the inspection. QOF 2015/16 performance showed significant improvement overall. For example:

- Data showed that appropriate diagnosis rates for patients identified with dementia had increased to 98%. Performance for mental health related indicators for 2015/16 was 95%.
- The percentage of patients with hypertension having regular blood pressure tests had increased from 81% for 2014/15 to 100% for 2015/16.

Performance for 2015/16 diabetes related indicators was still below average at 75%, although some improvement had been made. Members of the management team were aware of QOF indicators where the practice were outliers and were positive that performance would improve now that the team was in a more stable position with regards to nurse and GP staff. Furthermore, the practice was actively

# Are services effective?

## (for example, treatment is effective)

using the Dudley clinical commissioning groups long term condition framework which replaced QOF in April 2016 for Dudley practices who opted in to the local quality framework.

The practice worked closely with a pharmacist from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis and assisted the practice with medicine audits and monitored prescribing levels. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

During our inspection we saw records of prescribing audits where the pharmacist had reviewed antibiotic prescribing and the prescribing of anticoagulant medication used to treat and prevent blood clots. We looked at records of the anticoagulation prescribing audit and found that the audit was carried out in April 2015 and had not been repeated to complete the cycle:

- The audit indicated that prescribing was appropriate in all of the 33 cases reviewed.
- The audit highlighted that 31% of the cases reviewed required renal function assessment in line with local guidelines. As the audit had not been repeated, we were unable to identify if these assessments had been carried out as recommended and there was nothing noted within the audit record to indicate that these assessments had been done.

Additional evidence was provided following our inspection which represented complete audits on antibiotic prescribing and a completed audit on Osteoporosis, focusing on patients with a calcium and vitamin D deficiency. The audits had been repeated and demonstrated improvements, however as supporting evidence these audits were not supplied during the inspection.

### Effective staffing

Members of the management team explained how the practice had experienced a challenging period over the last two years. This was due to turnover of nursing staff, the ongoing absence of one of the practices long term GPs and challenges with GP recruitment. However, more recently the practice had started to stabilise in terms of staffing. For instance, in July 2016 practice successfully recruited an advanced nurse practitioner (ANP) to replace the previous

ANP whom left in October 2015. Additionally, a new GP was recruited to support the practice in April 2016, this was helping the practice to sustain and continue services following the absence of their long term GP since February 2016.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as health promotion, chronic disease and long term condition management. The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening. Additionally, the practice had plans in place to upskill there practice nurse as a second advanced nurse practitioner in the practice.

Staff received regular reviews, appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses.

The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan

# Are services effective?

## (for example, treatment is effective)

ongoing care and treatment. This included regularly reviewing the practices palliative care patients, patients receiving end of life care as well as when people moved between services; including when they were referred, or after they were discharged from hospital.

The practice had a register of patients from vulnerable groups, this included patients with drug or alcohol dependency. The practice had identified 62 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 52% of these patients received medication reviews within a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

### Consent to care and treatment

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

### Supporting patients to live healthier lives

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support.

Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- The practice offered the smoking cessation advice service since April 2016. Practice data highlighted that 2118 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 11 (1%) had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 78% to 92% compared to the CCG averages which ranged from 74% to 98%. Additional data provided by the practice after the inspection highlighted that the average childhood immunisation rates for under two's had increased to 95%. Immunisation rates for five year olds were ranged from 72% to 98% compared to the CCG average of 72% to 98%. The practice also provided booklets to families with children under the age of five with supportive health advice such as who to go to with specific conditions and symptoms for efficient and effective care.
- The practice's uptake for the cervical screening programme was 72%, compared to the CCG average of 78% and national averages of 81%. Unverified data provided by the practice during our inspection highlighted that some improvement had been made in this area and current results were at 74%. The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. Additional evidence was supplied after our inspection to confirm that the practice had achieved 81% for the 2015/16 cervical screening programme.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates were at 75% compared to the CCG and national averages of 51% and bowel cancer screening rates were at 42% compared to the CCG and national averages of 57%.
- The practice were focussing on encouraging families, children and young people to eat healthily through sponsorship of a local allotment for a nearby primary school. Through practice sponsorship, the local school could access the allotment and encourage children to eat healthy foods such as fruit and vegetables planted at the allotment.

## Are services effective?

(for example, treatment is effective)

- The practice was working with their patient participation group (PPG) on implementing a programme of health promotion events over the

upcoming months. Part of this project involved developing specific groups for long term conditions such as Fibromyalgia. There were also plans in place to host a prostate cancer awareness day.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

During our inspection we saw that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone. We spoke with three patients on the day of our inspection including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, caring and helpful.

We received 28 completed CQC comment cards, all of the cards contained positive comments about care, treatment and interactions with staff across the practice. We also noticed a theme in some of the feedback from patients and on comment cards where the practice was praised for their bereavement and cancer support.

The practice received mixed responses from the national GP patient's survey, published in July 2016. Results highlighted positive results for some aspects of GP and nurse care, for example:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

However, results also indicated that practice survey results were below local and national averages for the following aspects of care:

- 84% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 76% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 72% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

On discussing the results in detail during our inspection, members of the management team expressed that these results were likely to have been impacted as a result of the challenges with recruitment and retention over the last two years. Staff highlighted that some of their patients had been registered at the practice for many years and had therefore developed long standing and loyal relationships with the long term GP who had been away from the practice since February. Therefore, patients were adapting to change and adjusting to the new GP in practice. Staff also noted that they had since received a lot of positive feedback regarding the new GP at the practice, this aligned with the feedback provided from the patients we spoke with during our inspection.

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey highlighted that responses were below the local and national averages with regards to questions about patients involvement in planning and making decisions about their care and treatment. However, patients we spoke with during our inspection told us that the GPs often took the time to explain information and treatment options during consultations. Results from the national GP patient survey highlighted that:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Findings from the practice's internal patient survey carried out in March 2016 highlighted that out of 186 responses, 90% of the respondents were satisfied with the practice overall. Additionally, 95% of the respondents described receptionists and other staff (such as clinicians) as helpful.

## Are services caring?

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer and there were 90 patients on the practice's register for carers; this was 1% of the practice list.

Members of the management team explained that whilst attending home visits they identified two patients who were also carers. These patients were called in to the practice for a full health review and were signposted to specific support groups for further support. This prompted the practice to look at their carers register and during our inspection members of the management team advised that identifying more carers was an area that the practice were working towards improving. The practice had implemented some measures to identify a support carers:

- The practice's patient registration form was adapted to ensure carers were identified and captured on the system, upon registering with the practice.
- Carers were supported with a carers' pack which contained supportive advice and signpost information to other services such as the Dudley Carers Network.
- The practice offered annual reviews and flu vaccinations for anyone who was a carer.

- The practice had developed a carers corner with a range of carer information on display in reception. The board also actively encouraged carers to seek support from the practice and to notify them if they care for someone.

Staff told us that if families had suffered bereavement, their usual GP contacted them and patients were offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. The practice was working with their patient participation group (PPG) on implementing a befriending service through Age UK for vulnerable patients and patients who were feeling isolated or lonely.

The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Appointments could be booked over the telephone, face to face and online. The practice offered text messaging reminders for appointments to remind patients of their appointments.
- There were urgent access appointments available for children and those with serious medical conditions.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats.
- The practice offered a range of services to patients including a monthly Cryotherapy walk in clinic where patients could walk in and wait for Cryotherapy treatment.
- There were disabled facilities, hearing loop and translation services available at the practice. The practice had analysed their patient registers and identified 15 patients with hearing impairments and also some patients who were deaf. To support these patients, the practice had enrolled their staff on a sign language course. Registration records confirmed that staff were in the early stages of enrolment and were due to complete the course within two years.

### Access to the service

The practice was open between 8am and 6:30pm during weekdays. Appointments were available from 9am to

11:30am and then from 4:30pm until 6:30pm. There was a GP on call between 8am and 9am and also between 11:30am and 4:30pm. Pre-bookable appointments could be booked up to four weeks in advance.

Results from the national GP patient survey published in July 2016 highlighted poor responses regarding access:

- 38% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 49% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 85% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 76% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

During our inspection, members of the PPG highlighted that due to these changes telephone access had recently improved in the practice. Members of the management team explained that their current telephony system had impacted on problems with telephone access however; the practice was currently mid-way through their contract with the service provider. We saw that the practice had proactively explored alternative telephony systems and had plans in place to transfer to an alternative provider in the future. We found that some measures had been implemented to improve in the meantime this such as:

- The practice had allocated specific times for patients to call in for prescriptions and test results. Staff were also promoting online appointment access to help ease telephone traffic.
- The practice used resources to promote the pharmacy first scheme and were in the process of changing their telephone answer message to ensure that patients were aware of who best to see with various conditions; such as a health care assistant, nurse, nurse practitioner or GP.

# Are services responsive to people's needs?

(for example, to feedback?)

- The practice was promoting telephone consultations for patients who could discuss symptoms over the phone where appropriate.
- The practice manager had reviewed and made changes to the reception rota to ensure effective and adequate staffing in place to manage phone lines.
- Staff we spoke with explained that DNA (missed appointments) had also negatively impacted on their appointment access and were informing patients about this through notices in the waiting area and through the patient participation group (PPG).
- The practice also monitored their appointment system to ensure that they were able to offer appointments to meet demand. Additional evidence supplied after the inspection highlighted that the practice were required to offer approximately 495 appointments per week to their population and were offering on average 555 appointments each week to ensure they met demand.

Conversations with staff highlighted that they were aware that appointment waiting times and appointment access needed to improve. We also noticed that practice received positive comments regarding care and treatment through completed CQC comment cards, one card contained negative comments regarding poor appointment access.

## Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations

for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements and that there was a designated responsible person who handled all complaints in the practice.

We saw a summary of 10 complaints which were received between May 2015 and July 2016. This included verbal and written complaints; the complaints had been investigated, responded to and closed in a timely manner. We also looked at two complaint records and found that they had been satisfactorily handled and responses demonstrated openness and transparency. The practice held a monthly meeting where staff reflected on complaints. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice. Examples included training on how to safely and appropriately handle medical samples for receptionists (such as urine samples).

The practice manager had also developed a complaint feedback form for complainants to feedback to the practice in relation to their complaint experience. Although some of these forms had been distributed to complainants, the practice had not yet received any completed feedback forms. Staff explained that once received, these forms would be used to identify any areas for improvement specific to their complaints handling processes and to share learning further during practice meetings.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide a high quality service to patients by providing effective and efficient primary health care. We saw that the practice's vision was displayed on an engraved sign in the practice entrance. We spoke with several members of staff during our inspection, all of which spoke positively about working at the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

### Governance arrangements

- There was a clear staffing structure and the practice had an overarching governance framework which generally supported the delivery of the strategy and good quality care.
- Staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control, health and fire safety and human resources. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet.
- We saw a range of comprehensive risk assessments, asset registers and supporting action plans in place where risk associated with safety, premises, equipment and infection control was continually monitored, effectively mitigated and well managed.

We noted that in areas governance arrangements reflected best practice, for instance across areas of infection control and risk management. However, in other areas governance arrangements were not as effective; such as record keeping to support systems for prescription management.

### Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. We found that the practice had been through a challenging period over the last two years due to turnover of nursing staff and recruitment challenges. The ongoing absence of one of the practice's long term GP partners had also impacted the service.

During our inspection we found that the leadership and governance arrangements did not always operate effectively. For example, during our inspection we noted that in areas evidence presented was weak and did not support well led and embedded systems in relation to specific monitoring of prescribing and clinical audits. On the day of our inspection we found that although there was evidence in place to demonstrate that the practice continually monitored areas such as prescribing of antibiotics and anticoagulants, there was no evidence in place which represented completed clinical audits which had been repeated to monitor quality and to make improvements. However, following our inspection evidence was provided to support the management of prescribing in areas and to demonstrate that completed audits had taken place.

We found that more recently, the practice had started to stabilise in terms of staffing. The clinical team had expanded with the recruitment of an additional GP and an advanced nurse practitioner who were helping the practice to sustain and continue services whilst working towards improving quality. The nursing team also included two practice nurses and a health care assistant. There was a non-clinical team of 12 staff members who covered reception, administration and secretarial duties.

The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice held a range of regular meetings, meetings were governed by agendas which staff could contribute to, we saw that minutes were clearly documented and actions were recorded and monitored at each meeting. Meetings included regular practice meetings, monthly clinical supervision meetings with the nursing team and the GPs, monthly multidisciplinary meetings and fortnightly management meetings.

The practice also engaged with other practices through attending external meetings and educational events. For example, GPs attended local education events and the practice manager often engaged with local practices by

# Are services well-led?

Good 

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

attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

The practice had an active patient participation group (PPG) which influenced practice development. The PPG consisted of 10 members, six to 10 of these members met every six weeks. Minutes of meetings demonstrated that practice staff often attended the PPG meetings.

We spoke with two members of the PPG as part of our inspection who explained how the group was focussing on recruiting more members through development of a PPG

newsletter. Both PPG members spoke highly of the practice and described a practice team who listens and acts on patient feedback. For instance, we saw that patient suggestions were discussed in practice and patient participation (PPG) meetings. Examples of where the practice had implemented changes to improve based on patient feedback included offering in-house phlebotomy which was introduced based on feedback through the PPG.

Furthermore, members of the management team explained how they had changed the numbering system on their consultation and treatment room doors due to feedback from a patient, this change included making the numbers lighter and easier to see for patients, including patients who were partially sighted.