

Bath Street Medical Centre

Quality Report

Bath Street Medical Practice
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Date of inspection visit: 26 July 2016

Date of publication: 22/09/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bath Street Medical Centre on 26 July 2016. Overall the practice is rated as requires improvement.

We first inspected Bath Street Medical Centre in November 2015 as part of our new comprehensive inspection programme; this inspection however was under the registration of the previous provider. As a result of our inspection, the practice was placed in special measures. Shortly after our inspection, the previous provider had retired from the practice and a salaried GP was appointed as the new principal GP. The principal GP therefore applied for a new registration with the Care Quality Commission.

As a new registered provider, 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. This inspection was also conducted to see if improvements had been made in line with the special measures period placed of six months, as placed on the previous provider.

Although we found that there were some areas for improvement, our findings indicated that the practice were aware of the areas that required further attention. There was a proactive action plan in place which was being addressed.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. During our inspection we saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

- Overall figures for medication reviews highlighted areas where improvements had been made due to the practice's new recall process. We also saw examples of how the practice had made many improvements to the overall management of their minor surgery service.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Significant events had been discussed with some staff during practice meetings; however, we identified that the practice had missed an opportunity to record and reflect on a recent emergency event which was managed effectively in the practice.
- We found that some of the GPs, including the principal GP, were not always able to attend key meetings such as multidisciplinary meetings and also practice meetings where significant events were discussed.
- Although we saw that multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services, we found that the meetings were not always well recorded and lacked detail.
- Patients could access appointments and services in a way and at a time that suited them. The practice operated a walk in and wait service every Thursday. This guaranteed that patients could see a GP the same day if attending the surgery before 11:30am. The practice also offered extended hours on Mondays until 8pm.
- Throughout our inspection there was a theme of positive feedback from staff that highlighted how things were improving due to modernisation of processes since the new provider had taken over.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Performance data across some areas was below average, including mental health performance and

performance in identifying and screening patients for dementia. Practice performance for cervical screening and smoking cessation highlighted areas for improvement.

The areas where the provider must make improvements are:

- Improve governance of multidisciplinary team meetings to demonstrate that key areas are reviewed and discussions relating to palliative care patients are taking place and are well documented to support this.
- Ensure that GPs are included in key meetings such as practice and multidisciplinary meetings to demonstrate shared learning amongst the team and a structured multidisciplinary approach to patient care.

The areas where the provider should make improvements are:

- Improve overall mental health and dementia performance, ensure that appropriate diagnosis and support packages are in place including care plans and medication reviews.
- Continue to identify carers in order to provide further support where needed.
- Continue to promote health promotional services such as cervical screening uptake and smoking cessation services.
- Continue to engage with patients and work on improving overall medication reviews and ensure that regular reviews are taking place as appropriate.
- Address areas for improvement highlighted through patient feedback such as national survey results.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 to monitor safety. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although we saw that significant events had been discussed with staff during practice meetings we found that due to other commitments, the GPs were not always able to attend the meetings to reflect on events and contribute towards shared learning.
- We observed the premises to be visibly clean and tidy. The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice ensured that patients were kept safe.
- There were adequate arrangements in place to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Performance data across some areas was below average, including mental health performance and performance in identifying and screening patients for dementia. Additionally, exception reporting was significantly higher than average for specific areas. Staff we spoke with explained that there was work to do on coding to ensure patients were correctly coded and that exception reporting was appropriate.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Overall figures for medication reviews highlighted areas where improvements had been made due to the practice's new recall process. We also saw examples of how the practice had made many improvements to the overall management of minor surgery services.

Summary of findings

- Although we saw that multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services, we found that the meetings sometimes lacked detail and we noticed that attendance by the GP was limited.

Are services caring?

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

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Results from the national GP patient survey showed that the practice was rated as below average across some aspects of the service such as involving patients in planning and making decisions about their care and treatment.
- Only 1% of the practice list had been identified as carers, however the practice had recently recognised this as an area to improve on.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- There were longer appointments 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. Clinical staff carried out home visits for older patients and patients who would benefit from these.
- There were disabled facilities and translation services available. The practice also had a portable hearing loop which supported patients with hearing impairments. The practice offered a wide range of resources and information leaflets to patients

Good



Are services well-led?

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

Good



Summary of findings

- Staff spoken with demonstrated a commitment to providing a high quality service. Throughout our inspection there was a theme of positive feedback from staff that highlighted how things were improving due to modernisation of processes since the new provider had taken over.
- We saw that practice specific policies were well organised and easily accessible to staff, they were also well implemented and regularly reviewed. There were effective arrangements in place to the support processes for identifying, recording and managing risks.
- The practice proactively sought feedback from patients and the practices patient participation group (PPG), which it acted on.
- We found that some of the GPs, including the principal GP, were not always able to attend key meetings such as practice and multidisciplinary meetings.

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 offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu vaccines were also offered to patients at home, who could not attend the surgery.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help provide social support to their patients who were living in vulnerable or isolated circumstances. This included members of the practice's older population.

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 offered a range of clinical services which included care for long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for overall diabetes related indicators was 88%, compared to the CCG and national averages of 88%.
- Practice data highlighted that 76% of the practice's patients with COPD (Chronic Obstructive Pulmonary Disease) had received an annual review, with ongoing reviews planned. Additionally, 100% of these patients had received a flu vaccination.
- Practice data highlighted that there were 156 patients on the practice's asthma register, 80% of these patients had received a review within the previous 12 months.

Requires improvement



Families, children and young people

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

Good



Summary of findings

- 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 88% to 100% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds were at 100% compared to the CCG average of 94% to 98%.
- The practice offered urgent access appointments for children. The practice also operated a walk in and wait service every Thursday. This guaranteed that patients could see a GP the same day if attending the surgery before 11:30am.
- The practice's uptake for the cervical screening programme was 71%, compared to the CCG average of 78% and national average of 81%. We discussed this with the practice nurse who advised that performance was steadily improving and explained that currently more smears had been completed for the year so far, compared to the total number of smears conducted for 2015.

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 was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. The practice offered a range of clinical services which included minor surgery and family planning.
- Practice data highlighted a positive uptake for NHS health checks with current figures highlighting that 84% of the practices eligible patients had received a health check.
- Practice data highlighted that only six patients had been identified as needing smoking cessation advice and support; these patients had been given advice and 5 (95%) had successfully stopped smoking. The practice had recently engaged with the clinical commissioning group's smoking cessation team and was in the early stages of exploring ways to improve uptake.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders to remind patients of their appointments.

Requires improvement



Summary of findings

- The practice offered extended hours on Mondays until 8pm. The practice also operated a walk in and wait service every Thursday. This guaranteed that patients could see a GP the same day if attending the surgery before 11:30am.

People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.
- There were nine patients on the practices learning disability register, 89% of these patients had care plans in place and 100% of these patients had received a review within the previous 12 months.
- The practice had nine patients on their palliative care register. The data provided by the practice highlighted that 80% of these patients had a care plan in place and 90% of the eligible patients had received a review in a 12 month period.
- 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

Good



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).

- Although the practice offered support and longer appointments at flexible times for people experiencing poor mental health we found that overall, the practices performance for people experiencing poor mental health (including people with dementia) was a key area requiring improvement.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 76%, compared to the CCG average of 94% and national average of 93%. Although practice data indicated that 100% of these patients had care plans in place and received regular reviews, there were only four patients on the practices dementia register.
- Performance for mental health related indicators was 52%, compared to the CCG average of 93% and national average of

Requires improvement



Summary of findings

92%. Practice data highlighted that 56% of these patients had care plans in place and 59% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

- Staff explained that the practice often had a high number of DNA's (patients who did not attend) appointments; from patients experiencing poor mental health and that sometimes these patients did not wish to engage in medication reviews.

Summary of findings

What people who use the service say

The practice received 114 responses from the national GP patient survey published in July 2016, 349 surveys were sent out; this was a response rate of 33%. The results showed the practice received mixed responses across areas of the survey. For example:

- 84% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 82% 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%.
- 82% described the overall experience of the practice as good compared to the CCG average of 71% and national average of 73%.

- 75% 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. We spoke with 10 patients during our inspection including three members of the patient participation group (PPG). Service users completed 28 CQC comment cards. Patients and the comment card gave positive feedback with regards to the service provided.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Improve governance of multidisciplinary team meetings to demonstrate that key areas are reviewed and discussions relating to palliative care patients are taking place and are well documented to support this.
- Ensure that GPs are included in key meetings such as practice and multidisciplinary meetings to demonstrate shared learning amongst the team and a structured multidisciplinary approach to patient care.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Improve overall mental health and dementia performance, ensure that appropriate diagnosis and support packages are in place including care plans and medication reviews.
- Continue to identify carers in order to provide further support where needed.
- Continue to promote health promotional services such as cervical screening uptake and smoking cessation services.
- Continue to engage with patients and work on improving overall medication reviews and ensure that regular reviews are taking place as appropriate.
- Address areas for improvement highlighted through patient feedback such as national survey results.

Bath Street 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 advisor and a practice nurse specialist advisor.

Background to Bath Street Medical Centre

Bath Street Medical Centre is a long established practice located in the Sedgley area of Dudley. There are approximately 2700 patients of various ages registered and cared for 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.

Since January 2016, the practice has been led by a principal GP who previously worked at the practice as a salaried GP. The clinical team also consist of two long term locum GPs, a nurse practitioner, a locum practice nurse and a health care assistant. The principal GP and the practice manager form the management team and they are supported by a team of three reception staff members, an administrator and a cleaner.

The practice is open for appointments between 8:30am and 6:30pm during weekdays, on Thursdays the practice offers a walk in and wait service which guarantees that patients will be seen on the same day if attending the surgery before 11:30am. Additionally, extended hours are offered until 8pm every Monday. There is a GP on call in the

morning between 8am and 8:30am. 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 Bath Street Medical Centre in November 2015 under the registration of the previous provider; the practice was inspected as part of our comprehensive inspection programme. As a result of our inspection, the practice was placed in special measures. Shortly after our inspection, the previous provider had retired from the practice and a salaried GP was appointed as the new principal GP.

As a new principal GP was in place, we inspected this service under the registration of the new provider 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. This inspection was also conducted to see if improvements had been made in line with the special measures period placed of six months, as placed on the previous provider.

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:

Detailed findings

- 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
- 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 26 July 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; this data reflects the period in which the practice was led by the previous provider.

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

We viewed a summary of eight significant events that had occurred since December 2015. We reviewed records of six of these significant events. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded during December 2015 in relation to two uncollected cytology samples. One of the samples was taken two days prior to identifying the incident and another was taken the day before. The significant event record highlighted that immediate action was taken by having the samples collected, patients were contacted and advised of the error and the cytology department was also informed of the incident. We saw that all reception staff and the practice nurse had reflected on the incident, supporting discussions were documented on the significant event record. To avoid recurrence the practice implemented a tighter tracking process whereby all samples were logged in a book for the courier who would check to ensure no samples were missed. Additionally, we noticed that any outcomes in relation to significant events were often reviewed further on, after the event had passed. For example, the practice reviewed the tracking process in relation to cytology results in February 2016 to ensure that the new way of working remained effective; we saw that this was documented on the significant event record also.

Staff we spoke with explained that significant events were regularly discussed during practice meetings. We looked at minutes of several practice meetings which took place between February 2016 and July 2016. We noticed that discussions regarding significant events were only visible in the minutes of the meetings held in April and June; even though we saw evidence of significant events which had been recorded during this time. However, we also noticed that the practice manager had identified this and held a significant event review in June 2016 whereby all significant events that had occurred since November 2015 were discussed with the practice team. As an action item we

noticed that the practice manager included significant events as a standing item on the practice meeting agenda; and we saw this in place in the most recent meeting held during July 2016.

Although the practice had improved the record keeping of their meetings, we noticed that none of the GPs were able to attend any of the practice meetings held since February 2016 and this included those meetings where significant events were discussed. We discussed this with the GP and the practice manager on the day of our inspection, staff advised that it had been difficult for the GP to attend some meetings due to working at their other 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. We also noticed that staff could easily access key contact numbers and local safeguarding arrangements as the numbers were included on the practices policy and displayed on notices for staff in the practice. One of the GPs was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken. We saw that the practice had recently implemented a robust system which enabled them to record and monitor alerts as well as actions taken. Discussions with the practice manager and the clinical staff highlighted that they were familiar with recent alerts. During conversations with the practice manager and the practice nurse we were provided with supporting records demonstrating that clinical searches were conducted to determine if any actions were required in relation to a recent medicines alert. We saw that a patient was seen and medication was appropriately altered in relation to this specific alert.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually provide a chaperoning service. These staff members had been trained on how to chaperone. We also saw

Are services safe?

that disclosure and barring checks were in place for all members of staff who chaperoned and certificates were in staff files to demonstrate that staff had received chaperone training.

- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff, including the practices employed cleaner had received up to date infection control training. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to respond in the event of a needle stick injury.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- We saw calibration records to ensure that clinical equipment was checked and working properly and we saw that electrical equipment had been tested to ensure it was safe to use.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was an effective system in place for the prescribing and monitoring of high risk medicines. 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 to track and monitor the use of the prescription pads used for home visits and prescription stationary; such as prescriptions in printers.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice ensured that patients were kept safe. The vaccination

fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.

- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- We viewed six 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. The practice was supported by two long term locum GPs and regular locums were used for continuity of care if ever the GPs were on leave. Staff explained that when locums were used to cover GP leave, this was done through locum agencies that they regularly used. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for the locum GPs.

Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patients' and staff safety, for example:

- There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.
- Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to

Are services safe?

show that recommended actions highlighted on the practices legionella risk assessment were continually completed; such as regularly flushing water systems and conducting temperature checks.

- Records also supported that regular fire alarm tests and fire drills had taken place. We saw certificates in staff files which highlighted that staff had received fire training and fire marshals had also received additional training for their role. We saw records in place which demonstrated that fire equipment had been serviced to ensure that it was safe and fit for use.
- 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

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Staff also had access to emergency contact numbers which were made available through the business continuity plan also.
- The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure areas of the practice and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored. During our inspection we found that the practice had not assessed the risk in the absence of specific emergency medicine associated with minor surgery, to mitigate this risk the practice immediately ordered the emergency medicine and we saw records of the order which supported that the medicines were in place by 27 July 2016.
- 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 access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital.

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. Current results from 2014/15 were 89% of the total number of points available, with 10% 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.

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; this data reflects the period in which the practice was led by the previous provider.

- Data showed that appropriate diagnosis rates for patients identified with dementia were 76%, compared to the CCG average of 94% and national average of 93%. Although practice data indicated that 100% of these patients had care plans in place and received regular reviews, there were only four patients on the practices dementia register. The GP and practice manager explained that this was an area for further work and felt that low figures may have been a result of ineffective coding on the system.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for overall diabetes related indicators was 88%, compared to the CCG and national averages of 88%.

To improve medication reviews overall, the practice had started a process of calling patients in for relevant medical reviews based on the patient's birth month. Overall figures for medication reviews highlighted specific areas where improvements had been made, for example:

- Practice data highlighted that there were 57 patients on the practices COPD (Chronic Obstructive Pulmonary Disease) register, 76% of these patients had received an annual review with ongoing reviews in place. Additionally, 100% of these patients had received a flu vaccination.
- Practice data highlighted that there were 156 patients on the practices asthma register, 80% of these patients had received a review within the previous 12 months.

Practice data highlighted that overall, 69% of the practice's patients on four or more medications had received a review within a 12 month period. This was an ongoing piece of work and conversations with staff indicated that the practice was starting to apply this approach to better support their patients experiencing poor mental health.

- Performance for mental health related indicators was 52%, compared to the CCG average of 93% and national average of 92%. Data provided by the practice highlighted that they had 37 patients on the mental health register. The report also highlighted that 56% of these patients had care plans in place and 59% of their eligible patients had received a medication review in a 12 month period with further reviews planned. Staff we spoke with advised that they had experienced a slight increase in patients who were residents at a local rehabilitation service. Staff explained that the practice often had a high number of DNA's (patients who did not attend) appointments; from patients experiencing poor mental health and that sometimes these patients did not wish to engage in medication reviews.

As part of our inspection we looked in detail at the practices exception reporting rates and found that exception reporting was significantly higher than local and

Are services effective?

(for example, treatment is effective)

national averages for patients with atrial fibrillation and for patients with depression. 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.

- Exception rates for patients diagnosed with atrial fibrillation were at 23% compared to the local average of 8% and national average of 11%
- Exception rates for patients identified with depression were 45% compared to the local average of 22% and national average of 24%

We discussed exception rates with the GP who explained that the high exception rates were likely to be as a result of historical coding issues and that the practice would be looking at these as part of their ongoing coding review work.

The practice shared records of six clinical audits which included a completed audit on gout and some single cycle audits on other areas such as diabetes and on insulin prescribing; these audits were due to be repeated. We looked at records of the gout audit which was first conducted by the principal GP in 2015 and then repeated in 2016. The audit focussed on blood testing requirements for patient diagnosed with gout who were on specific medication. Findings from the first cycle of the audit highlighted that nine out of 11 patients whom met the audit criteria were due for blood tests. This indicated that initially the practice's performance was at 18% compared to the audit standard of 80%. To improve this patient blood tests were promptly facilitated. The second cycle of the audit highlighted an improvement in the practice's performance which was at 81% compared to the audit standard of 80%. Records highlighted that nine out of the 11 patients had received blood tests and all 11 patients were contacted; and out of the nine patients medication dosage was increased for three patients in line with prescribing recommendations.

The practice team had focussed on making improvements to the overall management of their minor surgery service. For example:

- Service posters had been developed to display services available to patients and the practice had a dedicated

minor surgery day on a Friday morning. We saw examples of detailed minor surgery and joint injections leaflets which had been developed by the GP who was the lead for minor surgery.

- The GP explained that all excised specimens were sent for histopathology and any suspicious skin lesions were referred to secondary care.
- We saw examples of clear consent forms in place specific to minor surgery procedures and detailed pre and post-operative leaflets were also available for patients.
- Records were in place to demonstrate that the minor surgery lead was up to date with minor surgery training and the practice nurse was additionally trained in infection control for minor operations. The nurse also had competencies checked and signed off on a regular basis by the minor surgery lead.
- The practice conducted a quarterly minor surgery review where infection rates, diagnosis findings, failsafe systems and secondary care referrals were continually monitored.

We looked at records of a recent quarterly minor surgery audit which highlighted that 18 joint injections and 20 excisions were carried out by the minor surgery lead. There was an infection rate of 0% and biopsies were appropriately sent for the three cases required. The GPs clinical diagnosis matched that of the biopsy's diagnosis in 75% of the cases.

In addition to audits the practice followed a programme of regular reviews across areas such as read coding, repeat prescribing and cervical screening.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including family planning, minor surgery, acupuncture, long term condition and chronic disease management.
- The practice had an 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

Are services effective?

(for example, treatment is effective)

also 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.

- The practice had supported staff members through a variety of training courses. For example, nurses were supported to attend study days and training courses such as updates on immunisations and cervical screening, as well as further training on diabetes care. Non-clinical staff were also supported to complete training relevant to their role. For example, a member of reception was completing a medical terminology course and the practice manager was being supported in completing a diploma in practice management. In addition to in-house training staff made use of e-learning training modules.
- Staff received regular reviews, annual appraisals and regular supervision. 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 GPs were up to date with their yearly continuing professional development requirements and had been revalidated.

Coordinating patient care and information sharing

We saw areas of practice which demonstrated that 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.

Multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services. Although we saw in the minutes of the MDT meetings that vulnerable patients and patients with complex needs were regularly discussed, we found that the meetings sometimes lacked detail and we noticed that attendance by the principal GP was limited; and no other GPs from the practice had attended these meetings. Although we found that the practice nurse frequently attended the meetings, it was hard to establish whether the GP was included in the structured multidisciplinary approach to patient care. We looked at minutes of monthly MDT meetings and found that the GP was only able to attend two of the seven meetings which

had taken place since January 2016. Additionally, we found that the minutes of the meetings for March and May 2016 were completely identical and did not clearly reflect if any care needs had changed

There was no evidence, that as part of the MDT meetings that the practice had reviewed their patient deaths and key information such as cause of death and specific care orders such as orders to not attempt cardiopulmonary resuscitation (also known as DNAR orders) in order to review the effectiveness of their care planning.

The practice had nine patients on their palliative care register. The data provided by the practice highlighted that 80% of these patients had a care plan in place and 90% of the eligible patients had received a review in a 12 month period. Although staff we spoke with said that the practices palliative care was regularly reviewed and discussed as part of the MDT meetings, we found that discussions relating to these patients were only included in the minutes for the MDT meeting which took place in January 2016.

There were nine patients on the practices learning disability register, 89% of these patients had care plans in place and 100% of these patients had received a review within the previous 12 months.

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 practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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; practice data highlighted a positive uptake for NHS health checks with current figures highlighting that 84% of the practices eligible patients had received a health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.

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 88% to 100% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds were at 100% compared to the CCG average of 94% to 98%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates were at 73% compared to the CCG and national averages of 73%. However, the practice's uptake for the cervical

screening programme was 71%, compared to the CCG average of 78% and national average of 81%. We discussed this with the practice nurse who advised that performance was steadily improving and explained that currently more cervical screening had been completed for the year so far, compared to the total number of screening conducted for 2015. The nurse was currently working through a list of approximately 425 patients who could be called in for cervical screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.

Practice data highlighted that only six patients had been identified as needing smoking cessation advice and support; these patients had been given advice and 5 (95%) had successfully stopped smoking. Staff explained that although 89% of their chronic disease patients had received smoking cessation advice, the number of general patient attendees who accessed the programme was low. Therefore the practice had recently engaged with the clinical commissioning group's smoking cessation team and was in the early stages of exploring ways to improve uptake.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and that 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.

Results from the national GP patient survey (published in July 2016) showed mixed responses with regards to how patients were treated and if this was with compassion, dignity and respect. For example:

- 95% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% 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%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

The practice performance was below local and national averages for the following aspects of care:

- 81% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 75% 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%.

During our inspection the practice manager highlighted that some patients were still getting used to a change of GPs at the practice, including the retirement of the previous provider who worked at the practice for a long number of years and had developed long term trusting relationships with many of the practice's patients. Staff indicated that this change may have contributed to some of the aspects of the national GP patient survey which were below average in areas. We also spoke with 10 patients on the day of our inspection including three 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 all staff were described as friendly, and helpful. We received 28 completed CQC comment cards, all cards contained positive comments. Comments described an efficient service and staff were described as helpful and caring.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received, this was also highlighted on completed comment cards. Results from the national GP patient survey however showed that the practice was rated as below average when patients responded to questions about their involvement in planning and making decisions about their care and treatment:

- 69% 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%.
- 67% 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%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There were 23 patients on the practice's register for carers; this was 1% of the practice list. The practice manager explained this was recently identified as an area to improve on and we saw that this was included as an item in the practice meeting which took place on 4 July 2016. The minutes highlighted that staff were reminded to proactively offer support to carers and staff were also

Are services caring?

reminded to ask patients and their relatives if they would benefit from a carers support pack. We saw that a comprehensive support pack had been developed in relation to this which offered guidance to carers and information on further avenues of support. The practice also offered flu vaccines and annual reviews for anyone who was a carer.

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's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS.

The practice nurse and the GP told us that if families had suffered bereavement, they usually contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability and for people experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- 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.
- The practice operated a walk in and wait service every Thursday. This guaranteed that patients could see a GP the same day if attending the surgery before 11:30am.
- 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 offered extended hours on Mondays until 8pm. The practice also offered telephone consultations with a GP at times to suit patients and text messaging appointment reminders were utilised to remind patients of their appointments.
- There were disabled facilities and translation services available. The practice also had a portable hearing loop which supported patients with hearing impairments to have a loop facility available in any area of the practice such as the reception area, in the waiting room and in consultation rooms. Staff we spoke with were also aware of how to operate and test the hearing loop.
- The practice offered a wide range of resources and information leaflets to patients. Information was offered to patients in a variety of formats which included leaflets in easy to read formats. Additionally, the practice had a monthly newsletter which was used to promote services such as smoking cessation, health checks and cervical screening.

Access to the service

The practice was open for appointments between 8:30am and 6:30pm during weekdays, on Thursdays the practice operated a walk in and wait service which guaranteed that patients could see a GP the same day if attending the surgery before 11:30am. Additionally, extended hours were offered until 8pm every Monday. There was a GP on call in the morning between 8am and 8:30am. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 highlighted mixed responses with regards to access to the service:

- 84% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

The practice performance was below local and national averages for appointment waiting times:

- 50% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 40% 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%.

The practice informed us that this was due to the new walk in and wait service which operated on Thursdays from 11:30am. Feedback from patients on the day and completed comment cards highlighted that patients were happy with the walk in service. We noticed a theme where patients commented how they could always see a GP due to the efficient walk in service.

Listening and learning from concerns and complaints

There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised

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

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. The practice leaflet also guided patients to contact the practice manager to discuss complaints. We looked at four complaints received in the last 12 months and found that these were satisfactorily handled.

We noticed that complaints had not been included in the minutes of the practice meetings held between February

and July 2016 and that the practice had received a complaint in March 2016. Staff explained that they communicated frequently as a team and that complaints and concerns were informally discussed in small teams.

We saw that the practice had recently started to monitor complaints by keeping a record to track themes and lessons learnt, the practice manager explained that complaint themes were going to be discussed in practice meetings moving forward.

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's vision was to develop and maintain a practice where staff valued each other and to provide a high quality service to patients. We spoke with six members of staff during our inspection, all of which generally spoke positively about working at the practice. Throughout our inspection there was a theme of positive feedback from staff that highlighted how things were improving due to modernisation of processes since the new provider had taken over. Staff we spoke with said they felt supported by each other and demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas such as minor surgery and diabetes, as well as non-clinical leads in human resources and health and safety.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw that the practice had worked on improving their policy management system. We saw practice specific policies which were well implemented and regularly reviewed. We noticed that the policies were accessible to staff through a shared document management system which contained an audit trail of archived policies and a method for the practice manager to monitor when relevant staff members had read the policies. Policies and documented protocols were also available as hard copies. During our inspection staff were able to easily access a variety of key policies including policies on safeguarding, whistleblowing and business continuity.
- There were records in place to support the practice's arrangements for identifying, recording and managing risks. Completed risk assessments, risk management policies and supporting templates were also in place and stored on the practice's document management

system. There was also a facility to search for key documents on the document management system, this enabled staff to easily access and efficiently complete risk assessments when necessary.

Leadership, openness and transparency

The principal GP and the practice manager formed the management team at the practice. They explained that they encouraged a culture of openness and honesty and encouraged staff at all levels to raise concerns. Although conversations with staff demonstrated that they were aware of the practice's open door policy; we found that members of the management team such as the principal GP, were not always visible in the practice. For example, the GPs including the principal GP were not included in key meetings such as practice and multidisciplinary meetings to demonstrate shared learning amongst the team and a structured multidisciplinary approach to patient care.

The practice had implemented a formal programme of clinical meetings. Minutes of clinical meetings demonstrated that attendance was often made by the principal GP and practice nurse, however we found that the practice's two long term locum GP's were not included in the meetings. The GP explained that they regularly communicated with the locum GPs and key information such as clinical audits were circulated to them through email. To improve this further the GP advised that minutes of the meetings would be circulated to the locum GPs moving forward and that the practice would introduce a quarterly clinical meeting to ensure all clinicians could attend. We saw that although minutes of the clinical meetings were brief, areas such as minor surgery, unplanned admissions, palliative care patients were regularly discussed.

The practice manager engaged with local practice managers by attending regular Dudley Practice Manager Alliance (DPMA) meetings; to share ideas and discuss best practices with other practices in the local area. The practice manager had recently joined a local practice manager mentorship scheme which was facilitated by the clinical commissioning group. This enabled the practice manager to receive mentorship and guidance from another experienced practice manager.

Seeking and acting on feedback from patients and the public

Are services well-led?

Good 

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

The practice encouraged and acted on feedback from patients. For example, as a result of patient feedback the practice changed the seating in the waiting room; we saw that cushioning and easy to clean coverings were added to seating to make seating for comfortable for patients and easier to keep clean in line with infection control standards.

The practice had a patient participation group (PPG) which influenced practice development. The PPG met as a group

on average every quarter. The PPG consisted of three regular members and there were two members who communicated with the practice via email. We spoke with three members of the PPG as part of our inspection. Examples of improvements implemented through the PPG included the walk in and wait service where patients were guaranteed an appointment if they attended the practice on a Thursday morning by 11:30am.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the GPs including the principal GP were not included in key meetings such as practice meetings where significant events and incidents were discussed and multidisciplinary meetings to demonstrate shared learning amongst the team and a structured multidisciplinary approach to patient care.</p> <p>We found minutes of multidisciplinary meetings lacked key detail and there was no evidence that the practice had reviewed their patient deaths and key information such as cause of death and specific care orders such as orders to not attempt cardiopulmonary resuscitation (also known as DNAR orders) in order to review the effectiveness of their care planning.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	