

# Dr PV Gudi and Partner

## Quality Report

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

## Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires Improvement overall.** (Previous inspection of October 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

We first inspected, Dr PV Gudi and Partner's practice on 17 and 19 January 2017 as part of our comprehensive inspection programme. The overall rating for the practice was inadequate and the practice was placed into special measures. A second comprehensive inspection was carried out on 4 October 2017 where we found the practice had implemented some actions to mitigate the risks previously identified, however risks were still evident and the practice remained in special measures. The full comprehensive report for January 2017 and October 2017 inspections can be found by selecting the 'all reports' link for Dr Gudi and Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Following the inspection, the practice wrote to us to say what they would do to meet the regulations.

This inspection, was an announced comprehensive inspection, carried out on 18 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspections. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

# Summary of findings

- The practice was in the process of reviewing their current processes for the management of patients with long term conditions and we saw evidence to confirm improvements had been made, however results were still low in comparison to local and national averages.
- The practice had systems to manage risk so that safety incidents and significant events were less likely to happen, however a review of the current process was required to ensure a better understanding of lessons learnt from an incident was shared with the team.
- The practice had implemented a programme of clinical audits to monitor services and demonstrated quality improvement.
- Staff understood their responsibilities to raise concerns, incidents and near misses and practice reported all events to the local clinical commissioning group through web based incident reporting and risk management software.
- The practice had implemented systems to ensure the effective management of patients on high risk medicines. We found patients who required closer monitoring, were being reviewed in line with prescribing recommendations.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines. They worked with a range of health and care professionals in the delivery of patient care.
- Clinical staff had attended training sessions on how to fully utilise the clinical system to ensure patients' on clinical registers were being coded appropriately.

- The practice had previously implemented improvements to manage waiting times to be seen by the GP. Increased satisfaction had been reflected in patient feedback through the national patient survey. However, at this inspection patients comments received highlighted continued concerns around waiting times when attending the surgery for their appointments.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider **should** make improvements are:

- Review current appointment system to identify where improvements could be made to the waiting times of patients attending for their appointments.
- Review and consider patient feedback on staff attitude to identify areas for improvement. .
- Review current process for learning from incidents and significant events to ensure lessons learnt are shared with the team.
- Continue to monitor patients with long term conditions to ensure they are receiving the appropriate monitoring and reviews.
- Review how the practice could proactively identify carers in order to offer them support where appropriate.

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 six population groups and what we found

We always inspect the quality of care for these six population groups.

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

# Summary of findings

## Areas for improvement

- Review current appointment system to identify where improvements could be made to the waiting times of patients attending for their appointments.
- Review and consider patient feedback on staff attitude to identify areas for improvement. .
- Review current process for learning from incidents and significant events to ensure lessons learnt are shared with the team.
- Continue to monitor patients with long term conditions to ensure they are receiving the appropriate monitoring and reviews.
- Review how the practice could proactively identify carers in order to offer them support where appropriate.

**Action the service SHOULD take to improve**

# Dr PV Gudi and Partner

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, CQC inspection manager and a second CQC inspector.

## Background to Dr PV Gudi and Partner

Dr P V Gudi and Partner is a practice located in Hill Top, West Bromwich an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice provides primary medical services to approximately 4,400 patients in the local community. The clinical team comprises two GP Partners (1 male and 1 female) and a long term male locum GP, one practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, Dr Gudi and Partner's practice is located in an area with high levels of deprivation compared to the national average. For example, the practice is ranked two out of 10, with 10 being the least deprived.

The practice reception is open from 8am to 7pm Monday to Friday. GP appointments are available from 9am to 12.30pm Monday to Friday and 4pm to 6.30pm Monday to Friday with the exception of Thursdays when the last appointment is 5.50pm. The practice offers extended

hour appointments on Monday and Wednesday between 6.30pm and 7pm. Telephone consultations are available if patients request them; home visits are also available for patients who are unable to attend the surgery.

The practice is part of Sandwell Health Partnership, a local GP federation. A GP federation is a group of general practices or surgeries that work together to share responsibility for delivering high quality, patient-focussed services for its communities. As part of the federation, the practices had set up access 'hubs' across the locality so patients could access appointments during the weekend. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

# Are services safe?

## Our findings

At our previous inspection on 4 October 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of effective management of patients on high risk medicines, systems and processes for security were not adequate. These arrangements had improved when we undertook a follow up inspection on 18 January 2018. The practice is now rated as requires improvement for providing safe services.

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had safety policies in place, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. The records we reviewed showed staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 were told that staff who acted as chaperones were trained for the role, however on speaking with reception staff they advised us they had not completed the relevant training, but were able to explain how to carry out this role. All staff had received a DBS check. Since the inspection we have received confirmation that all staff have completed the relevant training.

- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for permanent and temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with some severe infections, however we found there had been no clinical discussions around identifying sepsis. Since the inspection we have received evidence to confirm the GPs have completed sepsis in primary care training programme.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- On reviewing staff records we found no immunisation status for one member of the clinical team and no risk assessment had been completed to mitigate if any risk was involved. Since the inspection we have received evidence that the clinical staff member have had the relevant blood tests to confirm immunity.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

## Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support antimicrobial stewardship. Clinical staff had access to the local antimicrobial guidelines, microbiology and public health contact details for further advice and guidance.
- The practice had higher than average prescribing of hypnotic medicines than local and national averages. The practice told us they were aware of this and attributed this to ineffective monitoring of patients and were working towards reducing the number of hypnotic medicines being prescribed.
- Patient Group Directions were in place to allow the practice nurse to administer medicines in line with legislation. (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).
- The practice had implemented systems to monitor patients' health to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- We saw risk assessments had been undertaken in relation to the premises including legionella. We saw evidence of checks on fire, health and safety and equipment used in the practice.

### Lessons learned and improvements made

The practice made improvements when things went wrong, however this needed to be strengthened to ensure a better understanding of incidents was shared with the team.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were some systems for reviewing and investigating when things went wrong. The current process needed to be reviewed to ensure the practice learned and shared lessons with the practice team. On reviewing incidents, we found two that had not been discussed with the team to share actions taken and learning to mitigate future risks. All events were reported to the local clinical commissioning group through web based incident reporting and risk management software.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 4 October 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of the management of clinical indicators where results were low in comparison to local and national averages. These arrangements showed some improvement when we undertook a follow up inspection on 18 January 2018. The practice is now rated as requires improvement for providing effective services.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We found that patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had implemented procedures to ensure guidelines for monitoring patients on high risk medicines were adhered to and a review of all patients had been completed to ensure all patients had been reviewed.
- The practice had a higher rate of hypnotics prescribing than the national average. The clinical staff were aware of this and had implemented procedures to reduce the prescribing of hypnotics. This included a change to the prescription from repeat to acute to encourage patients to attend for reviews.
- Templates had been implemented to ensure consistent care was given and all clinicians were following the appropriate pathways for the management of patients' conditions.
- Clinical staff had attended training sessions on how to fully utilise the clinical system to ensure patients' on clinical registers were being coded appropriately.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

The practice is rated as requires improvement for providing safe and effective services; this affects all six population groups.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had 259 patients aged 75 years of age and over and 151 had received a health check since April 2017.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Multi-disciplinary team meetings were held regularly and well attended by community teams, including palliative care nurses and the community matron.
- Data provided by the practice showed 74% of eligible
- Patients aged 65 years and over had received a flu vaccination.

### People with long-term conditions:

The practice is rated as requires improvement for providing safe and effective services; this affects all six population groups.

- The practice had commenced a review of patients with long-term conditions and had implemented a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had started to review their current processes for the management of patients with long term conditions and we saw evidence to confirm improvements had been made, however results were still low in comparison to local and national averages.
- The practice was an outlier for performance of diabetes related indicators in 2016/17, with the practice having achieved 63% overall, compared to the CCG average of 90% and national average of 91%. We saw evidence of reviews being carried out and patients with complex

# Are services effective?

## (for example, treatment is effective)

diabetic needs were being referred to the Diabetic in Community Care Extension (DiCE) clinics, hosted at the practice every three months by a diabetic consultant and specialist diabetes nurse.

- The practice was an outlier for performance of chronic obstructive pulmonary disease (COPD) indicators for 2016/17, with the practice having achieved 59% overall, compared to the CCG average of 95% and the national average of 96%. The practice told us they were working through the clinical registers and had introduced systems to ensure patients were invited in for reviews, which was monitored by the practice team.

### **Families, children and young people:**

The practice is rated as requires improvement for providing safe and effective services; this affects all six population groups.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All children aged 15 years and under were offered same day appointments.

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

The practice is rated as requires improvement for providing safe and effective services; this affects all six population groups.

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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

The practice is rated as requires improvement for providing safe and effective services; this affects all six population groups.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 18 patients on the learning disability register of which 12 had received a health check in the last year. The practice told us they did not currently have any other patients in vulnerable circumstances registered with them presently.
- The practice held regular meetings with other health care professionals in the case management of vulnerable patients.

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

The practice is rated as requires improvement for providing safe and effective services; this affects all six population groups.

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months from 2016/17. This was lower than the CCG average of 85% and the national average of 84%. The practice told us they were currently reviewing all patients to ensure they had received a care review.
- 56% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was lower than the CCG average of 91% and the national average of 90%. On reviewing the clinical system we found that patients had not been invited for reviews, however the practice assured us they were currently reviewing each register to ensure patients were being reviewed appropriately.
- The practice had considered health needs of patients with poor mental health. For example a counsellor was available twice a week to support patients with mental health needs.
- Data for mental health performance indicators did not demonstrate that some patients experiencing poor

# Are services effective?

## (for example, treatment is effective)

mental health had received discussion and advice about alcohol consumption. For example, the practice had achieved 74%, in comparison to the CCG average 92% and the national average of 91%.

### Monitoring care and treatment

The practice had begun to implement a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example: The practice took part in the Primary Care Commissioning Framework (PCCF) to help to develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. Data provided by the practice showed that they had achieved 93% in 2016/17.

The most recent published Quality Outcome Framework (QOF) results were 77% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) Unverified data provided by the practice showed improvements in the clinical QOF achievements for the current year with the practice having a total of 86% at the time of our inspection.

The practice had significantly higher exception reporting rates for a number of clinical indicators than CCG and national averages. For example:

- The exception reporting rate for patients on the Chronic Obstructive Pulmonary Disorder (COPD) was 27% in comparison to the CCG average of 14% and the national average of 13%.
- The exception reporting rate for patients on the dementia register was 20% in comparison to the CCG average of 9% and the national average of 10%
- The exception reporting rate for patients on the depression register was 27% in comparison to the CCG average of 26% and the national average of 23%.

Since the previous inspection, the practice had implemented an alert system on the clinical registers to

ensure all patients were invited for regular reviews. to highlight patients that were due a review , who were invited on a regular basis for monitoring. Lists of patients requiring reviews were extracted from the clinical system and a member of staff was given the task to invite patients in for a review and organise appointments.

The practice shared with us clinical audits that they had recently undertaken. Audits we viewed were repeat audits which demonstrated quality improvements. For example the practice carried out an audit to review patients prescribed a medicine used to prevent the body from absorbing too much sodium and to minimise patients' potassium levels from getting too low. The first audit in October 2017 showed eight patients were currently being prescribed this medicine and two patients had not had a blood test completed in the past 12 months. The patients were invited in for a review and at the second audit in January 2018, the audit demonstrated 10 patients were on the medicine and all the patients had received a potassium monitoring blood test in the past six months. The practice had also added alerts to the patients' records to remind clinicians that the patient required regular blood monitoring.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a locum pack in place for clinical staff working on a temporary basis.
- There was an approach for supporting and managing staff when their performance was poor or variable,

# Are services effective?

## (for example, treatment is effective)

however we did see evidence where complaints had been made concerning staff attitude and no action had been taken. This was supported by the comments received on the day of inspection.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held multidisciplinary meetings on a quarterly basis to discuss some of the practices most vulnerable patients such as those with end of life care needs. Minutes of these meetings were seen.
- Results from tests and other patient information was reviewed by the GPs. We saw that these were managed in a timely way.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Clinical staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.
- Flu and shingles vaccinations were available to eligible patients.
- The practice offered opportunistic blood screening for tuberculosis (TB). TB is a bacteria that usually attacks the lungs.
- Information leaflets were available for patients for example, Macmillan cancer support and mental health wellbeing.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, advice was given to patients with long term conditions should their condition deteriorate.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making for patients who may lack mental capacity and for children and young people.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. For example, consent forms were used for joint injections which included details of the risks associated with the procedure explained.

# Are services caring?

## Our findings

At our previous inspection on 4 October 2017, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services overall.

### Kindness, respect and compassion

On the day of inspection we saw staff treated patients with kindness, respect and compassion, however feedback from patient comment cards highlighted poor staff attitudes.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Of the 26 patient Care Quality Commission comment cards we received the majority were positive about the care they received, however six patients commented on staff attitude. The NHS Friends and Family Test showed 80% of patients would recommend this practice, this was based on 30 responses.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 335 surveys were sent out and 95 were returned. This represented about 2% of the practice population. The results showed a mixture of scores which were above or comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG 81%; national average 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; 93%; national average 95%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 80%; national average 86%.

- 93% of patients who responded said the nurse was good at listening to them; (CCG) 87%; national average 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG 87%; national average 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 95%; national average 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 85%; national average 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful; CCG 82%; national average 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, about services available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- The practice did not have a hearing loop, but staff were aware of patients that had hearing difficulties and alerts were added to patients records to ensure patients received the appropriate support. For example: Sign language interpreters were organised to support patients with their consultations.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

There was a carers corner in the waiting room which detailed how to access support and organisations. It also included details for young carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (0.9% of the practice list).



## Are services caring?

The practice offered health checks and flu vaccinations for patients with caring responsibilities. Data provided by the practice showed 38 patients had received a health check in the past 12 months and 23 carers had received a flu vaccination.

Staff told us that if families had suffered bereavement, the GP contacted them. A patient consultation at a flexible time and location to meet the family's needs was available if required and the practice gave advice on how to find a support service.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.

- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 76%; national average 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 86%; national average 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 82%; national average 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 4 October 2017, we rated the practice as good for providing responsive services. The practice continued to be rated as good for providing responsive services overall.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice used a text messaging service to remind patients of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Consulting rooms were all available on the ground floor. There was disabled parking with level access to the building at the rear of the practice, a ramp to the front door and automatic doors for easy access for patients using wheelchairs and pushchairs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice offered an electronic prescription service which enabled prescriptions to be sent electronically from the GP practice to a patients chosen pharmacy for patient convenience.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

### People with long-term conditions:

- Since the previous inspection, the practice had implemented procedures to ensure patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice worked with specialist consultants and nurses from the local hospital to support the more complex patients with diabetes through the use of community clinics.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life were coordinated with other services. Regular meetings with community teams took place to manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Regular meetings were held with the health visitor to discuss patients at risk and we saw minutes from those meetings.
- Practice staff told us that all children under 15 years of age would be seen the same day.
- The practice offered various clinics for this population group including antenatal, postnatal and baby clinics.
- Baby changing facilities were available in the premises.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments were available through the hubs across the locality.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice undertook annual learning disability reviews and we saw examples of these.

# Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. We saw an example of patient follow up.
- Staff told us that they would offer extended appointments to patients with poor mental health if needed.

## Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice offered a range of pre-booked and same day access appointments as well as telephone consultations
- Cancellations were minimal and managed appropriately, however feedback from patients highlighted lengthy waiting times with specific doctors when attending for their appointments. Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction scores with how they could access care and treatment were mixed in comparison to local and national averages. A total of 335 surveys were sent out and 95 were returned. This represented about 2% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG 60%; national average 71%.

- 68% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 76%; national average 84%.
- 68% of patients who responded said their last appointment was convenient; CCG 72%; national average 81%.
- 74% of patients who responded described their experience of making an appointment as good; CCG 63%; national average 73%.
- 33% of patients who responded said they don't normally have to wait too long to be seen; CCG 46%; national average 58%.

Feedback we received from patients through the completed comment cards also raised issues in relation to waiting times. For example, of the 26 cards received eight patients said they had been kept waiting a long time when attending for their appointments. We discussed this with the practice management team as this had been highlighted at previous inspections and from patient feedback. The practice were aware of patients' comments and told us they were reviewing the appointment system and were making adjustments to reduce the length of time patients were kept waiting.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Complaints leaflets were available in the waiting room.
- The complaint policy and procedures were in line with recognised guidance. A total of 10 written complaints and one verbal complaint were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- The practice learned some lessons from individual concerns and complaints and also from analysis of trends, but we found that they hadn't addressed staff attitudes that had been highlighted through patient and staff feedback. Complaints were discussed with staff during staff meetings and both written and verbal complaints were recorded to support learning.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 4 October 2017, we rated the practice as inadequate for providing well led services as the arrangements in respect of clinical leadership were not effective. These arrangements showed significant improvement when we undertook a follow up inspection on 18 January 2018. The practice is now rated as good for providing well led services

### Leadership capacity and capability

The leaders of the practice had acted on the concerns identified at the previous inspection and accessed training and learning to improve clinical management within the practice. We found the leaders now had the skills to deliver quality care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. They understood the challenges they faced and were taking action to address them.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The business plan demonstrated plans to manage change, achieve sustainable workloads and improve the integration of technology within practice processes.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice worked closely with their local commissioning network to develop services to meet health and social priorities
- The future strategy of the practice centred on partnership working with other local practices as part of the local GP federation, Sandwell Health Partnership. The male GP partner was the chair for the partnership and we were told that regular meetings were held to discuss the collaborative working and new models of care.

### Culture

The practice had a culture of quality care and we saw evidence to confirm the practice were trying to improve patient outcomes since previous inspections by reviewing and monitoring patient's needs.

- The practice had a small team of staff who told us that they generally worked well together, however feedback from the staff highlighted that they did not always work together as a team.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and we saw evidence to confirm the practice were reviewing the clinical registers to ensure patients had received the appropriate monitoring and reviews.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were given protected time for professional development and evaluation of their clinical work.

### Governance arrangements

# Are services well-led?

Good 

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. The practice regularly met as part of a multidisciplinary team, help reduce admissions to secondary care. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice policies, procedures and activities were in place to support safety and provide assurance that the service was operating as intended.
- Practice staff told us that they held quarterly practice meetings. We saw minutes of the meetings which detailed key issues were always discussed with action plans to follow up any identified concerns.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- A programme of clinical audits had been implemented and this was having a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice took part in the Primary Care Commissioning Framework (PCCF) to help to develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. The practice had achieved 93% in 2016/17.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses such as areas of QOF performance.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice held regular meetings with community health teams and the clinical commissioning group.
- There was an active patient participation group, which consisted of two members who met with the practice manager every three months. We met with both patients of the group on the day of inspection who told us they would like to see more patients attend the group and felt that offering different days and times would encourage more patients to join. Notices were on display in the waiting room advising patients of the group.

# Are services well-led?

Good 

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

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

Since the last inspection in October 2017 the practice had implemented a range of systems and processes to monitor patient outcomes and improve the clinical management of patients' conditions. This included:

- A review of patients on high risk medicines to ensure they were receiving the appropriate monitoring,
- A programme of clinical audits had been implemented to demonstrate quality improvement
- Peer review of another practice to improve quality outcomes for patients and share learning.

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. However a review of the current processes was required to ensure a better understanding of what could have been learnt from an incident was shared with the team.