

Hagley Surgery

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Hagley Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hagley Surgery on 4 October 2017. Overall the practice is rated as good.

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

- The practice was one of the founding members of the Wyre Forest Health Partnership (WFHP), which comprised six sites. Functions such as human resources and finance were carried out by staff at the WFHP main office, which was located at the Bewdley site.
- There was an open and clear approach to safety and an effective system for reporting and recording significant events, which were discussed at practice and at WFHP board level, so that learning was shared across the six sites.
- Risks to patients were assessed and generally well managed.

- Alerts from the Medicines and products Regulatory Agency (MHRA) had not been recorded since January 2017.
- Emergency medicines were stored in three separate locations in the practice and one emergency medicine was held in a locked cupboard.
- Uncollected prescriptions were checked on a weekly basis and were destroyed after six months, but were not referred to a GP before destruction, apart from prescriptions for controlled drugs.
- There was a prescription delivery system for housebound patients who had late home visits and had no one who could pick up medicines for them.
- Staff had the skills and expertise to deliver effective care and treatment to patients in line with current evidence based guidance.
- Routine appointments with a GP were 15 minutes long, instead of the standard 10 minutes.

Summary of findings

- Results from the National GP Patient Survey published in July 2017 showed that patients thought that they were treated with compassion, dignity and respect and that clinical staff involved then in decisions about their care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said that they found it relatively easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear and visible leadership structure and staff said that they felt supported by the GP partners and management team.
- The provider was aware of the requirements of the duty of candour.

The area where the provider must make improvement is:

- Ensure care and treatment is provided in a safe way to patients. In particular, alerts from the Medicines and Healthcare products Agency need to be recorded and actioned.

The areas where the provider should make improvement are:

- Review the system for checking uncollected prescriptions to include referring to a GP before destruction in all cases.
- Review the system for storing emergency medicines so that they are centrally located for ease of access in an emergency.
- Review the procedure for recording discussions at meetings to consider keeping a full account of the decisions and learning outcomes so that there is an audit trail.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system for reporting and recording significant events, which were investigated thoroughly. Learning outcomes were shared both internally and externally with the other sites in the Wyre Forest Health Partnership (WFHP).
- When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- Alerts from the Medicines and products Healthcare Agency (MHRA) had not been recorded since January 2017.
- Uncollected prescriptions were checked every week and those that were over six months old were passed to the prescription clerk, who destroyed them and annotated the patient's notes accordingly. Uncollected prescriptions were not referred to a GP before destruction with the exception of prescriptions for controlled drugs.
- Clinical waste waiting for collection was not securely stored, but this was quickly rectified.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety and infection control.
- There were comprehensive arrangements to enable the practice to respond to emergencies and major incidents, although improvements could be made to the storage of and access to emergency medicines.
- Staff we spoke with showed that they understood their responsibilities and we saw that they had received training on safeguarding children and vulnerable adults relevant to their role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed that patient outcomes were at or above average compared to the national average. Unpublished data from 2016/17 showed that the practice achieved 99.7% of the total points available.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Annual appraisals, which included personal development plans, were conducted for all staff.
- GPs had both internal and external appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- GPs conducted weekly peer reviews of referrals and cross referred in-house where possible. Cross site referrals could also be made. For example, patients who needed ear, nose and throat referrals could be referred to another site and be seen within two weeks instead of having to wait two to three months for an outpatient appointment.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2017 showed that patients rated the practice higher than others for several aspects of care.
- Feedback from the NHS Friends and Family Test and NHS Choices was very positive about the level of care provided.
- Patients said that they were treated with compassion, dignity and respect and that clinicians involved them in decisions about their care and treatment.
- Views of staff of two local care homes were mainly positive. Staff commented on the high standard of care provided and told us that the GPs and the advanced nurse practitioner took time to listen to patients' concerns and to explain treatment options, involving the next of kin when necessary. Regular ward rounds were carried out by the advanced nurse practitioner; GPs attended patients when necessary. Staff commented that they would like to see a GP carry out some of the ward rounds, too.
- Information for patients about the range of services available was displayed in the reception area and on the practice website.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice understood its population profile and had used this knowledge to meet the needs of its population. Monthly meetings were held at the Wyre Forest Health Partnership which included monitoring of the level of service provision.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with had mixed experiences of making an appointment with a named GP, but confirmed that they could see a GP the same day if required. Urgent appointments were available the same day.
- The practice was open from 7.45am until 7pm every weekday (apart from bank holidays).
- The practice had good facilities and was well equipped to treat patients and meet their needs. An extension to the building had just been completed, which provided two additional consulting rooms.
- Information about how to complain was available and evidence from five examples we reviewed evidenced that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as necessary.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The strategy to deliver this vision had been produced with stakeholders in the Wyre Forest Health Partnership (WFHP) and was regularly reviewed and discussed with staff.
- Staff were clear about the vision and their responsibilities in relation to it.
- Strategy and business plans were discussed at regular away days organised by the WFHP for partners.
- There was a clear leadership structure and staff told us that they felt supported by the GP partners and management team. The practice had a comprehensive range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Monthly quality and risk reports were submitted to the WFHP for discussion.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour and we saw evidence that the practice complied with these requirements.
- A culture of transparency and honesty was encouraged by the GP partners and management team. The practice had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring that appropriate action was taken.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice met regularly with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels. Staff were encouraged to develop their skill base.
- We noted that new technology was promoted and adopted. For example, the WFHP had an internet based information storage system. This facilitated the standardisation of policies, procedures and templates so that documents could be accessed from all six sites.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients and to advise colleagues.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Regular ward rounds were carried out at the two local care homes where the practice had patients. These were mainly conducted by the advanced nurse practitioner. Each home had a nominated GP, who attended when necessary. We were told that weekly proactive ward rounds led by the advanced nurse practitioner were due to be introduced shortly. These plans were confirmed by staff at the care homes.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 79%, which was 5% below the Clinical Commissioning Group average and in line with the national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a centralised system to recall patients for a structured annual review to check that their health and medicines needs were being met. Diabetic patients were recalled on a six monthly basis to improve optimal proactive control.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us on the day of inspection that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs offered 30 minute appointments for mothers and new babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There was a noticeboard in the reception area which displayed information relevant to teenagers and young people.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was open from 7.45am until 7pm every weekday evening (apart from bank holidays).
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could book routine GP appointments online at a time that was convenient for them as well as request repeat prescriptions.
- Patients could sign up to a text messaging service for appointment reminders.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances might make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- Patients who were on the learning disability register had been invited for a review, but there had been no uptake since April 2017. The practice decided to send the recall invitation on coloured paper with images to make it more appropriate and easy to understand in the hope that this would improve the uptake for review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Domestic abuse information was discreetly displayed.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly above the Clinical Commissioning Group (CCG) average of 85% and 3% above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, a page had been created on the internet based information storage system which detailed aspects of dementia management, including referral guidance, coding guidance and support group information. This page was a useful resource tool for clinical staff.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 95% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 3% above the CCG average and 7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- A counsellor saw patients at the practice every Friday morning and patients could self-refer to the Wyre Forest Healthy Minds support service.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2017. The results showed that the practice was performing in line with local and national averages. 217 survey forms were distributed and 121 were returned. This represented a 56% completion rate and 2% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 81% of patients described their experience of making an appointment as good which was the same as the CCG average and above the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 19 comment cards which were all positive about the standard of care received. Patients wrote that clinical staff were caring and reassuring and that they always took the time to listen to concerns. Receptionists were commended for their thoughtful, friendly and helpful attitude. Patients said that they received excellent care and considered themselves fortunate to be registered at such a practice.

We spoke with five patients during the inspection. All five patients said that they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the NHS Friends and Family Test August 2017 showed that 95% of patients would be extremely likely or likely to recommend the practice (there were 306 respondents).

Comments posted on the NHS Choices website were positive about the level of service provision and friendly, welcoming and helpful staff.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular, alerts from the Medicines and Healthcare products Agency need to be recorded and actioned.

Action the service **SHOULD** take to improve

- Review the system for checking uncollected prescriptions to include referring to a GP before destruction in all cases.

- Review the system for storing emergency medicines so that they are centrally located for ease of access in an emergency.
- Review the procedure for recording discussions at meetings to consider keeping a full account of the decisions and learning outcomes is included so that there is an audit trail.

Hagley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Hagley Surgery

Hagley Surgery is registered with the Care Quality Commission as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Hagley Surgery was providing care to 7,713 patients. The patient list size was growing steadily with a 10% increase in the last 24 months. The practice has a higher prevalence of older patients: 23% are aged 65 and over.

The practice is one of six locations which make up the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance are undertaken by WFHP staff. Policies, protocols and clinical templates are set at organisational level, but tailored to individual sites. Many of the governance and oversight responsibilities are undertaken by the WFHP. For example, performance monitoring is co-ordinated and directed by WFHP staff.

Hagley Surgery is located in a purpose-built building in the centre of Hagley, Worcestershire. An extension which provided two additional clinical rooms was added in July 2017. All patient consultations are carried out on the ground floor. The premises is suitable for patients with disabilities: it has disabled ramp access, automatic door entry with disabled low level push button control, a low

level reception counter and disabled toilets. Disabled parking spaces are available. There is also a lift to the first floor to enable disabled access. Children's books and a play table are available in the reception area. Car parking is available on site and there is easy access to bus stops and Hagley railway station.

There are three GP partners and two salaried GPs. The GPs are supported by a pharmacist, a site manager, an advanced nurse practitioner, three practice nurses, a healthcare assistant and reception and administrative teams.

Hagley Surgery is an approved teaching practice for final year medical students from the University of Birmingham.

The practice is open from 7.45am until 7pm on every weekday (apart from bank holidays). The practice is closed at weekends.

When the practice is closed, patients are directed to the NHS 111 service. OOH services are provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was 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.

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.

Detailed findings

How we carried out this inspection

Before our inspection of Hagley Surgery we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources including the Wyre Forest Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2017.

We carried out an announced inspection on 4 October 2017. During our inspection we:

- Spoke with a range of staff (including GPs, site manager, pharmacist, and members of the nursing, reception and administrative teams) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us that they would inform the practice manager about any incidents. Staff knew that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- We found that when things went wrong with care and treatment, patients were informed about the sequence of events as soon as reasonably possible, received support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We noted that 41 significant events were recorded in the previous year. The practice carried out a thorough analysis of the significant events and these were discussed at practice and at board level at the Wyre Forest Health Partnership (WFHP).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an audit was carried out to check the response of staff to patients who presented with acute medical conditions after a significant event which was prompted by staff not recognising the urgency of a situation. A GP had also delivered training to staff and had created a new flowchart for guidance which was kept in reception.
- The practice also monitored trends in significant events and evaluated any action taken.
- We reviewed the system for acting on patient safety alerts. Patient safety alerts were emailed to the site manager and practice administrator, logged on the electronic patient safety alert log and distributed to relevant staff. Action taken was added to the log. We saw that an alert about the possibility of a certain defibrillator unexpectedly shutting down during treatment was appropriately actioned and that hyperlinks to the alert and field safety notice were included in the log entry. However, we noted that alerts from the Medicines and Healthcare products Regulatory

Agency (MHRA) had not been recorded since January 2017 and an MHRA alert published in December 2016 regarding the concurrent use of certain medicines by patients with serious kidney problems had not been actioned. The practice could not explain why MHRA alerts had not been recorded and was going to investigate. We were subsequently informed that three GPs and the site manager had arranged for MHRA monthly newsletters to be sent to them.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Laminated guides with safeguarding agency numbers were available in each consulting room. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. Multi-disciplinary meetings were held every six to eight weeks at which safeguarding concerns were discussed. These meetings were also attended by health visitors and school nurses.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices informing patients that a chaperone service was available were displayed in consulting rooms and the service was publicised on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. Four of the comment cards referred specifically to the cleanliness of the premises. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The Wyre Forest Health Partnership clinical compliance nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that the last infection control audit, carried out in August 2016, highlighted that it was unnecessary to have bags for non-hazardous offensive waste in every consulting room. As a result, these bags were only kept in one consulting room.
- There was a needlestick injuries policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice kept a record of the Hepatitis B status of staff. There was suitable storage available for waste waiting for collection, but it was not secure, because the lock was not working. We were subsequently informed that a key for the internal lock had been purchased, so that the waste could be secured.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. There was a centralised system whereby a WFHP team was notified when a blood sample had been taken for monitoring, so that the team could check blood test results to determine whether they were in the correct range, in accordance with the protocol. If the results were outside the range, the team would notify the relevant GP so that appropriate action could be taken. Repeat prescriptions were signed before being handed to patients and there was a reliable process to ensure that this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems to monitor their use. Uncollected prescriptions were checked every week by reception staff and those which had been issued more than six months previously were passed to the

prescription clerk who destroyed them without GP oversight and annotated the patient's medical record accordingly. Only uncollected prescriptions for controlled drugs were passed to a GP for action before destruction. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted that locums had been employed via an agency during the long term sickness of a GP and that copies of all pre-employment checks were held by the practice.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a fire risk assessment, dated September 2017, and carried out fire drills every six months. The most recent fire drill was carried out in March 2017.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The most recent tests for both electrical and clinical equipment were carried out in September 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure that enough staff were on duty to meet the needs of patients. Staff told us that they covered for each other during periods of annual leave or absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Each consulting room also had a separate panic alarm.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Two first aid kits and an accident book were available.
- Emergency medicines were accessible to staff in secure areas of the practice and all staff knew where to find them. The emergency medicines were stored in three separate places (one emergency medicine was kept in a locked cupboard) instead of being centrally located, which could impact on response times in an emergency. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had been uploaded to the internet based information storage system, which meant that it could be accessed from any of the WFHP sites in an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. NICE guidelines were uploaded to the internet based information storage system, so that they were accessible to all staff. We saw evidence that this information was used to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, a repeat audit had been carried out on patients who were prescribed a certain long acting inhaler following updated guidance. Patients prescribed this inhaler were contacted and offered a review with the asthma nurse.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

Data from 2015/16 showed:

- The practice achieved 96% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 99% and the national average of 95%. Unpublished results from 2016/17 showed that the practice had improved this result and achieved 99.7%.
- Overall exception reporting was 7%, which was 1% below the CCG average and 3% below the national average.
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 79%, which was 5% below the CCG average and in line with the national average.
- 95% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 3% above the CCG average and 7% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets.

There was evidence of a quality improvement programme which included clinical audit:

- Clinical audits were regularly undertaken and were often generated by patient alerts, updates to patient guidelines and the National GP Patient Survey published in 2017. For example, as a result of wanting to improve the survey results for patient access, the practice had carried out repeat audits on home visits to review whether a nurse practitioner could undertake home visits instead of a GP, thus freeing up more time for GPs to see patients at the practice (60% of patients said that they usually got to see or speak to their preferred GP, which was 6% above the CCG average and 4% above the national average). An advanced nurse practitioner had been employed and they now carried out 80% of home visits, freeing up GP clinical time to the extent that the practice was planning to introduce a third clinical session in the middle of the day by January 2018 in order to increase capacity.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as information governance, safeguarding, basic life support, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We viewed the online staff training log, where training details were recorded. Staff had access to and were expected to use e-learning modules to meet their learning needs and to cover the scope of

Are services effective?

(for example, treatment is effective)

their work. Ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support were provided for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Informal appraisals were also conducted at the six month point. GPs received internal appraisals from GP colleagues in the WFHP as well as external appraisals.

- GPs conducted weekly peer reviews of referrals and cross referred in-house where possible. Cross site referrals within WFHP could also be made. For example, patients who needed ear, nose and throat referrals could be referred within the group and be seen within two weeks instead of having to wait two to three months for an outpatient appointment.
- Clinical staff had areas of special interest. For example, a GP and two nurses had additional qualifications in diabetes and another nurse had an additional qualification in asthma care.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Supporting patients to live healthier lives

The practice identified patients who might benefit from additional support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 85%, which was in line with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice explained how they encouraged uptake of the screening programme and ensured that a female sample taker was available. There were systems to ensure that results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 82%, which was higher than both the CCG and national averages of 75% and 73% respectively. The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 69%, which was higher than the CCG average of 62% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

Are services effective?

(for example, treatment is effective)

for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 100% and five year olds from 87% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- A privacy room was available for patients to use if they needed a quiet space after a consultation.
- Patients could be treated by a clinician of the same sex.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the practice offered an excellent service and staff were helpful, caring and thoughtful.

We spoke with five patients, who were all members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG members were keen to work with the practice and told us that they would be having discussions with the practice to determine the areas on which the group could focus in order to bring about improvements.

Results from the National GP Patient Survey July 2017 showed that patients felt that they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, staff from the two local care homes where some of the practice's patients lived commented on the high standard of care provided and told us that the GPs and the advanced nurse practitioner took time to listen to patients' concerns and to explain treatment options, involving the next of kin when necessary. We were told that more GP led visits would be welcomed, although the staff were happy with the advanced nurse practitioner and thought that there were good working relationships between the care homes and the practice.

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. They also told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

Results from the National GP Patient Survey 2017 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice was pleased with these results which were a reflection of the caring, committed professionalism within the practice.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The patient information screen had a visual display of patients' names as well as an audible signal when it was time for an appointment. This was helpful for patients with hearing or sight impairments.
- Information leaflets were available in reception and on the practice website.

- The e-referral system (previously the Choose and Book service) was used with patients as appropriate (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 207 patients as carers, which represented 3% of the practice list. Written information was available to direct carers to the various avenues of support available to them. There was a carers' page on the practice website which provided contact details of support agencies.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered advice on how to find a support service. The fact that a patient had been recently bereaved was added to their medical record so that all staff were aware. Bereaved patients who needed extra support could be referred to a local care service, which was due to expand its services to include supporting people pre-bereavement. A patient expressed appreciation of the supportive and understanding approach of one of the GPs after bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was open from 7.45am until 7pm every weekday evening (apart from bank holidays) for working patients who could not attend during their core working hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which made it difficult for them to attend the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- There was a prescription delivery system for housebound patients who had late home visits and had no one who could pick up medicine for them. The GP who had done the home visit would give the prescription to a staff member who would walk to the nearest pharmacy to get the prescription dispensed, then the GP would take the medicine to the patient in a second home visit. (Staff involved in this had received Disclosure and Barring Service checks.)
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop. Interpretation services were available.

Access to the service

The practice was open between 7.45am and 7pm Monday to Friday (apart from bank holidays) and appointments were available during these times. The practice was closed at weekends. The practice was closed at weekends. In

addition to pre-bookable routine appointments that could be booked up to eight weeks in advance (three months for appointments with nurses), urgent appointments were also available the same day for patients who needed them.

Results from the National GP Patient Survey 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 81% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by telephone compared to the CCG average of 80% and the national average of 71%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 63% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 68% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients who wanted to request a home visit were asked to do so before mid-day whenever possible. The advanced nurse practitioner (ANP) triaged the home visit requests to determine whether an ANP or GP should attend. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The site manager was the lead for complaints in the practice.
- Information was available at reception and on the practice website to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found that they were satisfactorily handled in a timely way in accordance with the practice's complaints policy. Complaints were discussed with the partners and shared with other sites in the Wyre Forest Health Partnership at the monthly board meetings in order to determine whether there were lessons to be learned or trends to be analysed. Complaints were discussed with practice staff when appropriate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients: the team aimed to offer the best possible quality care to their patient population, working proactively and innovatively with the other sites in the Wyre Forest Health Partnership (WFHP).

The practice had increased and diversified the clinical team in order to meet the challenge of the increasing patient population and the consequent increase in demand for appointments. For example, an associate GP and an advance nurse practitioner had started work at the practice and a GP partner was due to start work in the next few months. An extension to the building which provided two additional clinical rooms had been completed.

Governance arrangements

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

- WFHP organised away days for GP partners once a quarter. Separate away days were arranged for associate GPs and advanced nurse practitioners. The away days provided the opportunity to discuss future strategy and monitor progress with business plans.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, diabetes and asthma.
- Practice specific policies were implemented and staff knew how to access them on the internet based information storage system. These were updated and reviewed regularly.
- The performance of the practice was monitored on a monthly basis by the WFHP board in conjunction with the practice team.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, infection control and Legionella.
- Significant events, complaints and patient safety alerts were standing items at practice meetings and at WFHP board meetings. The discussion at these meetings ensured that lessons could be learned and shared across teams in the WFHP.

Leadership and culture

On the day of inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that safe, high quality and compassionate care were prioritised. Staff we spoke with said that the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.) This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- They gave affected people support, information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff told us that they were supported by the GP partners and management team.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors and school nurses to monitor vulnerable families and discuss safeguarding concerns.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and

Are services well-led?

Good 

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

supported in doing so. Minutes were taken, but were limited to bullet points of items discussed. This meant that there was no clear audit trail, because there was no comprehensive record of the discussion, actions taken or learning outcomes.

- Staff said they felt respected, valued and supported by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG met once a quarter, helped to carry out patient surveys and provided the content for a monthly patient newsletter, which was also distributed to two local churches, the local library and a local café. The PPG members told us that although they had a good relationship with the practice management team, further discussions were needed to determine areas to focus on so that they could work more effectively with the practice to bring about improvements. PPG members attended meetings of the WFHP patient group and the Wyre Forest Clinical Commissioning Group advisory board.
- In-house patient surveys. For example, the practice carried out a survey in 2017 to determine whether

patients were aware of the different functions of the patient online access system and whether they were aware that the practice had a pharmacist. Results showed that the practice needed to promote both the patient online access system and the fact that they had a pharmacist. As a result of the promotion patient uptake of the online access system rose from 16% in November 2016 to 24% in October 2017.

- The NHS Friends and Family test, complaints and compliments received.
- Staff through meetings, appraisals and general discussion. Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues, GP partners and the management team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was keen to adopt innovative technology. For example, the WFHP had an internet based information storage system, which facilitated the standardization of policies, procedures and templates, because documents could be accessed from all six sites.

Staff training was actively encouraged. The WFHP organised a partner development programme for GPs who were interested in becoming partners. Staff knew that if they asked to attend a training course, it would be discussed and financed if approved. For example, the healthcare assistant had asked to go on an ear irrigation course and this was being sourced.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users. In particular, alerts from the Medicines and Healthcare products Regulatory Agency were not being recorded or actioned.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>