

Quincy Rise 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first inspected Quincy Rise Surgery across two dates on 9 March and 4 April 2016.

As a result of our inspection visits, the practice was placed in special measures and was rated as Inadequate overall. This was because we identified regulatory breaches in relation to regulation 12 for providing safe care and treatment and regulation 17 due to inadequate governance arrangements. As breaches of legal requirements were found we issued the following warning notices:

- A warning notice informing the practice that they were required to become compliant with specific areas of Regulation 12: safe care and treatment HSCA (RA) Regulations 2014, by 17 July 2016.
- An additional warning notice informing the practice that they were required to become compliant with Regulation 17: Good governance HSCA (RA) Regulations 2014, by 6 September 2016.

Furthermore, we identified areas where the provider must make improvements and additional areas where the

provider should improve. In addition to the warning notices, a requirement notice was also issued for specific aspects of Regulation 12: safe care and treatment HSCA (RA) Regulations 2014.

We carried out an announced focused inspection at Quincy Rise Surgery on 18 July 2016 to focus on the areas identified in the warning notice for Regulation 12 of the HSCA (RA) Regulations 2014. Although we saw that some improvements had been made, the practice did not fully meet the requirements of the warning notice for Regulation 12: safe care and treatment HSCA (RA) Regulations 2014.

We carried out an announced comprehensive inspection at Quincy Rise Surgery on 23 November 2016. This inspection was conducted to see if improvements had been made in line with the special measures period of six months following publication of the final report. Additionally, we conducted this inspection to focus on the areas identified in the warning notice for 17: Good governance HSCA (RA) Regulations 2014. This inspection was conducted to see if improvements had been made in line with the required completion date of 6 September 2016.

Summary of findings

You can read the reports from our previous inspections, by selecting the 'all reports' link for Quincy Rise Surgery on our website at www.cqc.org.uk.

Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect. We noted a theme of positive feedback from patients we spoke with during our inspection and across completed CQC comment cards.
- During our previous comprehensive and focussed inspections we found that the practice did not have an effective system in place to ensure that the relevant monitoring was in place prior to prescribing high risk medicines. As part of our most recent comprehensive inspection we saw evidence to support that patients on high risk medications were appropriately monitored and up to date with relevant blood tests.
- During our previous comprehensive and focussed inspections we identified gaps in record keeping which indicated that patients had not received medication reviews in line with their needs. We found that record keeping had significantly improved during our most recent inspection. Practice data demonstrated that patients received regular medication reviews and patients had care plans in place.
- We noted that the practice had worked on many improvements since our previous comprehensive inspection. For instance, risks associated with health and safety, fire and infection control had been formally assessed. The management of staff files had improved significantly and the practice gathered feedback from patients and staff through surveys and by implemented formal action plans. The practice also had effective systems, processes and practices in place to keep people safeguarded from abuse.
- The practice had worked on developing a programme of audits since our previous comprehensive inspection. Some of these audits had been repeated and demonstrated improvements.

- However, we noted in other areas that governance, systems and processes were not always effectively operated to support a well led and open cultured team. We noted that in areas the team was disjointed and although there was a regular programme of meetings in place not all staff were invited to the meetings. Additionally, at the point of our inspection we found that not all staff had received an appraisal. Furthermore the practice did not maximise opportunities to share learning, monitor themes and reflect on events across the whole team.

The areas where the provider should make improvements are:

- Ensure that governance arrangements are established and effectively operated to support a well led and open cultured team.
- Ensure that effective leadership is sustained in the practice in order to enable and support the team to continue to embed improvements.
- Continue to support staff and ensure that a regular programme of appraisals is in place as part of this process.
- Review themes from significant events and complaints and maximise opportunities to share learning and good practice across the whole practice; using these as opportunities to proactively drive improvement.
- Ensure that policies are well embedded to support processes such as chaperoning and review complaints policies to ensure feedback from all avenues are considered, such as online feedback from NHS Choices and verbal complaints.
- Continue to identify carers in order to provide further support where needed.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There were systems in place to monitor safety and the practice used a range of information to identify risks and improve patient safety. The practice also had systems, processes and practices in place to keep people safeguarded from abuse.
- During our previous comprehensive inspection we noted many gaps in the record keeping for staff files and there was a lack of evidence to support that appropriate recruitment checks had taken place prior to employment. We noted significant improvement to staff files during our most recent inspection. We saw evidence to demonstrate that appropriate recruitment checks had been undertaken prior to employment.
- We observed the premises to be visibly clean and tidy. Since our previous comprehensive inspection the practice had introduced cleaning specifications within the practice.
- During our previous comprehensive and focussed inspections we found that the practice did not have an effective system in place to ensure that the relevant monitoring was in place prior to prescribing high risk medicines. As part of our most recent comprehensive inspection we saw evidence to support that patients on high risk medications were appropriately monitored and up to date with relevant blood tests.
- Although there was an effective system in place for recording, reporting and managing significant events and incidents, we found that sometimes the practice did not maximise opportunities to share learning and monitor themes as a the whole team.

Good



Are services effective?

The practice is rated as good for providing effective services.

- During our previous comprehensive and focussed inspections we identified gaps in record keeping which indicated that patients had not received medication reviews in line with their needs. We found that record keeping had significantly improved during our most recent inspection. Practice data demonstrated that patients received regular face to face and medication reviews.

Good



Summary of findings

- Furthermore, patients had personalised care plans in place and we saw examples of these across specific population groups, such as for patients experiencing poor mental health and patients with dementia.
- During our previous inspections we found that patient outcomes were hard to identify as little or no reference was made to clinical audits. The practice had since worked on developing a programme of audits; some of these audits had been repeated and demonstrated improvements.
- During our previous comprehensive inspection, we noted that some staff member's appraisals were significantly overdue. Evidence provided during our most recent inspection supported that most staff had received appraisals, with regular supervision and reviews in place; with the exception of one staff member who hadn't received an appraisal. Following our inspection we received evidence from the provider to assure us that an appraisal was since completed for the member of staff who required one, however this took place after our inspection in December 2016.
- When we inspected the practice previously we found that the practice did not have an induction pack for locum clinicians to use when working at the practice. As part of our most recent comprehensive inspection we saw evidence of a comprehensive induction pack in place for locum clinicians.

Are services caring?

The practice is rated as good for providing caring services.

- During our inspection we saw that staff were friendly and helpful and treated patients with kindness and respect. We received positive feedback regarding the service, this included feedback from patients we spoke with during our inspection and through completed CQC comment cards.
- The practice also received many positive responses from the national GP patient's survey published in July 2016 and results demonstrated improvement when compared to the previous survey published in January 2016.
- The practice's computer system alerted GPs if a patient was also a carer and there were 20 patients on the practice's register for carers; this was only 1% of the practice list. Staff explained

Good



Summary of findings

that they had a higher than average younger population and that this was why they had a small number of carers on the register. The practice's profile data from Public Health England also indicated that the practice had a younger population.

- During our previous inspections we identified that although supportive information was displayed in the waiting room there was no information available to specifically support carers. We saw a range of supportive information available for carers during our most recent comprehensive inspection. The practice had also started to hand out carer registration forms to identify carers in conjunction with the Dudley Carers Network.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Results from the national GP patient survey published in July 2016 highlighted that the practice was improving with regards to access. During our previous comprehensive inspection we found that the practice had not reviewed the results from the national GP patient survey. During our most recent comprehensive inspection we saw that the practice had developed an in-house survey. This was being used to continually monitor patient feedback.
- We saw that the practice had worked through an action plan in response to the results of the national GP patient survey and the in-house survey. We found that some measures had been implemented to improve this which included increased clinical sessions and offering extended hours.
- There were disabled facilities and translation services available at the practice. The practice did not have a hearing loop; this was also identified during our previous inspections. Staff we spoke with said that they did not have any patients with hearing impairments.
- The practice offered a range of clinical services, health promotion and national screening programmes. The practice also proactively utilised their text messaging service for health promotion and to support recall systems.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- We noted that governance arrangements had significantly improved in some areas. For instance, risks associated with health, safety, fire and infection control had been formally assessed since our previous comprehensive inspection.
- The management of staff files had improved significantly and the practice gathered feedback from patients and staff through surveys, by analysing the national GP patient's survey and by implementing formal action plans.
- However, we noted in other areas that governance, systems and processes were not always effectively operated to support a well led and open cultured team. Although staff spoke positively about working at the practice, not all staff said that they felt supported. This also reflected feedback gathered during our previous comprehensive inspection.
- We noted that in areas the team was disjointed and although there was a regular programme of meetings in place not all staff were invited to the meetings. Additionally, not all staff had received an appraisal. Following our inspection we received evidence from the provider to assure us that an appraisal was since completed for the member of staff who required one, however this took place after our inspection in December 2016.
- Furthermore the practice did not maximise opportunities to share learning, monitor themes and reflect on events across the whole team. Additionally, the practice did not review themes or trends from significant events and complaints. This was identified during our previous comprehensive inspection.

Requires improvement



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.

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

Good



People with long term conditions

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

- The practice offered a range of clinical services which included care for long term conditions.
- Performance for the practices use of QOF between March and October 2015 highlighted that the practices performance for hypertension and diabetes were above local and national averages. This was based on partial data because the practice had adopted a local system for monitoring performance and outcomes instead of QOF. The practice had started piloting this with other local practices from October 2015.
- We saw records of an audit produced by the GP which demonstrated improvements in diabetic control for patients who benefited from taking a specific medication in line with NICE guidelines.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Good



Summary of findings

- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to assess and plan ongoing care and treatment for the practices patients with long term conditions.

Families, children and young people

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

- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, immunisation rates for five year olds ranged from 75% to 100% compared to the CCG average of 72% to 98%.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice also worked closely with the Health Visitors and Midwife.
- The practice's uptake for the cervical screening programme was 81%, compared to the CCG average of 78% and national averages of 81%.

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).

- Patients could access appointments and services in a way and at a time that suited them.
- Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours every Monday between 6:30pm and 7:30pm and every Thursday between 6:30pm and 8pm.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.
- Practice data highlighted that 46 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 30 (65%) had successfully stopped smoking.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- During our previous comprehensive inspection data provided by the practice highlighted that none of their palliative care patients had care plans in place. We looked at this area as part of our most recent comprehensive inspection. The practices palliative care register had increased to 11 patients. Data provided by the practice highlighted that 90% of these patients had a care plan in place and 100% of the eligible patients had received a medication review in a 12 month period.
- During our previous comprehensive inspection we found that only one of the practices patients with a learning disability had a care plan in place. During our most recent comprehensive inspection we noted that there were nine patients on the practices learning disability register, all of these patients had care plans in place and 100% of the eligible patients had received a medication review in a 12 month period.
- The practice had identified nine patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 78% of these patients received medication reviews within a 12 month period and 90% of these patients had a care plan in place.
- Vulnerable patients were regularly reviewed and discussed as part of the multidisciplinary team meetings to support the needs of patients and their families.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- There were 18 patients on the practices mental health register, 94% of these patients had a care plan in place, these patients were regularly reviewed and 100% of the patients on medication had received a medication review.

Good



Summary of findings

- There were eight patients on the practices dementia register, 100% of these patients had a care plan in place, these patients were regularly reviewed and 100% of the patients on medication had received a medication review.
- Local quality data provided by the clinical commissioning group (CCG) highlighted that as of November 2016, the practices practice's predicted dementia prevalence was 53%, demonstrating that the practice was working towards meeting the local threshold of 55% to 75%.
- The practice supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Summary of findings

What people who use the service say

The practice received 113 responses from the national GP patient survey published in July 2016, 283 surveys were sent out; this was a response rate of 40%. The results showed the practice received mixed responses across areas of the survey. For example:

- 81% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 74% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 80% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

We spoke with seven patients on the day of our inspection including a member of the patient participation group (PPG). We received positive feedback regarding the service, patients said their dignity and privacy was respected and staff were described as friendly, caring and helpful. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 completed CQC comment cards, all of the cards contained positive comments about care, treatment and interactions with staff across the practice. A few cards comments highlighted that patients occasionally found it difficult to make an appointment; these cards also contained positive comments about care and treatment provided.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Ensure that governance arrangements are established and effectively operated to support a well led and open cultured team.
- Ensure that effective leadership is sustained in the practice in order to enable and support the team to continue to embed improvements.
- Continue to support staff and ensure that a regular programme of appraisals is in place as part of this process.
- Review themes from significant events and complaints and maximise opportunities to share learning and good practice across the whole practice; using these as opportunities to proactively drive improvement.
- Ensure that policies are well embedded to support processes such as chaperoning and review complaints policies to ensure feedback from all avenues are considered, such as online feedback from NHS Choices and verbal complaints.
- Continue to identify carers in order to provide further support where needed.

Quincy Rise Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Quincy Rise Surgery

Quincy Rise Surgery is a long established practice based in the Brierley Hill area of Dudley. There are approximately 3,370 patients of various ages registered and cared for at the practice. Based on data available from Public Health England, the levels of deprivation in the area served by The Greens Health Centre are above the national average, ranked at eight out of 10, with 10 being the least deprived. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is led by a male single handed GP and the clinical team includes a female salaried GP and two practice nurses; the practice is also supported by a female locum GP who works at the practice on a weekly basis. The principal GP and the practice manager form the practice management team. The practice is supported by a non-clinical team of five staff members who covered reception, administration and secretarial and cleaning duties.

The practice is open between 8am and 6:30pm during weekdays, with extended hours operational on Mondays between 6:30pm and 7:30pm and Thursdays between 6:30pm and 8pm.

Appointments are available from 9am until 11:30am and from 4pm to 6:30pm during weekdays and until a later time of 6:30pm and 7:30pm on Mondays and Thursdays during extended opening hours. There is a GP on call between 8am and 9am each morning and also between 11:30am and 4pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We first inspected Quincy Rise Surgery in March across two dates on 9 March and 4 April 2016. As a result of our inspection, the practice was placed in special measures.

We carried out an announced comprehensive inspection at Quincy Rise on 23 November 2016. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection was also conducted to see if improvements had been made in line with the special measures period of six months and to follow up on the providers requirement and warning notices.

Detailed findings

How we carried out this inspection

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

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

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

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 24 November 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

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

Up until October 2015 the practice participated in the Quality and Outcomes Framework (QOF). The practice signed up to a local quality framework; The Dudley Outcomes for Health Framework and began piloting the framework with a number of other local practices, from October 2015.

Are services safe?

Our findings

Safe track record and learning

There were systems in place to monitor safety and the practice used a range of information to identify risks and improve patient safety. There were effective processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients. Staff members talked us through the process they followed to record and report significant events. Staff were aware of their responsibilities to raise and report concerns, incidents and near misses.

During the practice's previous comprehensive inspection we reviewed significant event records and found that certain information was not documented, such as the date from which the significant event had occurred and how learning was shared. We also found that significant events were not included in the minutes of practice meetings to demonstrate that they were discussed with staff and that learning was shared. We noted some improvements made during our most recent comprehensive inspection in November 2016:

- The practice had records of two significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For instance a significant event was recorded due to a delayed prescription. We saw that a thorough investigation took place on identifying the issue and that secondary care was consulted as part of the investigation. To avoid recurrence the practice implemented a new process so that patients were telephoned to ensure prescriptions were collected and medication was received after attending secondary care. Following our inspection we received evidence of two further significant events that had occurred during the last 12 months, specific actions were applied along with learning outcomes in relation to the two additional significant events.
- We saw minutes of practice meetings demonstrating that staff shared learning by reflecting on significant events and complaints during practice meetings. However, at the point of our inspection we noted that not all staff were included in the meetings; this included some members of the clinical team.

Following our focussed inspection in July 2016 we noted continued improvements in practice with regards to managing and acting on safety alerts. Alerts continued to be disseminated by the practice manager, and records were printed and signed to demonstrate that relevant staff had read and understood them. There was an effective system in place which enabled the practice manager to record and monitor alerts as well as actions taken. We discussed examples of recent safety alerts and we saw how an alert regarding a specific non-steroidal anti-inflammatory medicine was appropriately disseminated and acted on in the practice.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.

Staff we spoke with demonstrated they understood their responsibilities and had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians. One of the practice nurses was the lead member of staff for safeguarding. During the practice's previous comprehensive inspection we received mixed feedback with regards to identifying who the safeguarding lead was at the practice. Staff we spoke with during our comprehensive inspection in November 2016 were able to identify who the safeguarding lead was at the practice.

Notices were displayed to advise patients that a chaperone service was available if required. Practice nurses and members of the reception team would usually act as chaperones. During our previous comprehensive inspection we found that in the absence of disclosure and barring checks (DBS checks) formal risk assessments were not in place for members of the reception team who acted as chaperones. 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. Furthermore the practice did not keep records to provide evidence and assurance that DBS checks had been completed for the practice nurses.

During our most recent comprehensive inspection we saw that DBS checks were in place for all members of staff,

Are services safe?

including locum GPs. This included clinicians and non-clinical staff members who chaperoned. However, when we discussed chaperone guidelines with some members of the non-clinical team we received mixed feedback on where they positioned themselves whilst chaperoning. We discussed this with a member of the management team during our inspection and chaperone guidelines were added to the agenda for the next practice meeting. We were also assured that staff would complete chaperone training online as a priority as a fresher module in order to ensure they were up to date with guidelines. We saw records of a practice chaperone policy which the practice manager was recirculating to staff during our inspection.

During our previous comprehensive inspection we noted many gaps in the record keeping for staff files and there was a lack of evidence to support that appropriate recruitment checks had taken place prior to employment. We noted significant improvement to staff files during our most recent inspection. We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications and registration with the appropriate professional body. The practice recruited a locum GP in August 2016, the locum GP worked at the practice on a weekly basis following the retirement of a long term GP partner in July 2016. Records demonstrated that appropriate recruitment checks had been undertaken for the locum GP.

We observed the premises to be visibly clean and tidy. Since our previous comprehensive inspection the practice had introduced cleaning specifications within the practice. We saw evidence of completed cleaning records in place to reflect the cleaning of the premises, as well as the cleaning of specific medical equipment. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.

One of the practice nurses was the infection control lead, when asked staff were able to identify who the infection control lead was. Staff received infection control training and the training was also incorporated in to the induction

programme for new staff members. We also saw that training updates were planned for staff in order to ensure that they were up to date with best practice infection control guidelines.

When we inspected the practice in April 2016 we found that there was no evidence of the actions taken to address improvements identified from the July 2015 infection control audit. During our most recent inspection we saw that there was an infection prevention control protocol in place and we saw records of completed infection control audits including the last audit dated April 2016. We were also able to see evidence of action taken to improve.

The vaccination fridges were secure, vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. We saw evidence that the practice nurses had received appropriate training to administer vaccines. We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs). 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 used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was an effective system in place supported by clear and detailed records to track and monitor the use of prescription pads used for home visits and in printers. We saw this system when we visited the practice in July 2016 and noted its continued use when visiting most recently, in November 2016.

During our previous inspections we found that due to the set-up of the local system, the practice did not have full visibility of recommended blood monitoring for certain areas; such as patients who were on high risk medication. During our most recent comprehensive inspection the practice were able to provide assurance that the relevant monitoring such as blood test results, had been taken in to consideration prior to prescribing high risk medicines. Practice data, our review of the patient record system and conversations with staff highlighted that patients on high risk medications were appropriately monitored and up to date with relevant blood tests.

Monitoring risks to patients

Are services safe?

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

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

Arrangements to deal with emergencies and major incidents

There was a system in all the treatment rooms which alerted staff to any emergency in the practice. There was a first aid kit and accident book available, staff had received training in basic life support and staff were also booked in for an update in February 2017.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

The practice had emergency medicines and emergency medical equipment to support them in the event of a medical emergency. This included oxygen with adult and children's masks and a defibrillator. Records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our previous inspections we noted that patient's needs were not always assessed in line with relevant and current evidence based guidance and standards. For example, we identified gaps in record keeping indicated that patients had not received medication reviews in line with their needs.

We found that record keeping had significantly improved during our most recent inspection. Practice data demonstrated that patients received regular face to face and medication reviews. Furthermore, patients had personalised care plans in place and we saw examples of these across specific population groups, such as for patients experiencing poor mental health and patients with dementia.

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Additionally, staff we spoke with highlighted how they often accessed the green book online for latest information on vaccines and vaccination procedures as well as the National Travel Health Network and Centre for guidance of travel medicine. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital.

Management, monitoring and improving outcomes for people

- Up until October 2015 the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice signed up to a local quality framework; The Dudley Outcomes for Health Framework and began piloting the framework with a number of other local practices, from October 2015.
- Previously, the practice used the information collected for the QOF to monitor outcomes for patients. From October 2015 the practice began using information

collected for the Dudley Outcomes for Health Framework to monitor outcomes for patients and continued to monitor performance against national screening programmes.

QOF results from 2015/16 were 74% of the total number of points available, with 5% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect. Because the practice began utilising a different quality framework from October 2015, it is important to note that 2015/16 QOF results would therefore not reflect the full QOF year, for instance March 2015 to March 2016.

Partial performance for the practices use of QOF between March 2015 and October 2016 highlighted that the practices performance for hypertension and diabetes were above local and national averages:

- The percentage of patients with hypertension having regular blood pressure tests was 100% with 3% exception reporting.
- Performance for overall diabetes related indicators was 96%, compared to the CCG average of 87% and national average of 89% based on a full QOF year.

Performance for mental health and dementia were significantly below average however this data was impacted by the difference in indicators used for QOF and the local framework from October 2015. For example:

- QOF performance for mental health related indicators between March 2015 and October 2016 was at 54%.
- QOF data for the period of March 2015 and October 2016 showed that appropriate diagnosis rates for patients identified with dementia were 10%.

Local framework data provided by the clinical commissioning group (CCG) highlighted that as of November 2016:

- The practice's predicted dementia prevalence was 53%, demonstrating that the practice was working towards meeting the local threshold of 55% to 75%.
- 17% of the practice's patients who had been diagnosed with a severe mental illness received a cardiovascular disease risk assessment in the last 12 months, with the local threshold as 5% to 95%.

Are services effective?

(for example, treatment is effective)

As part of the inspection planning process we also spoke with the local clinical commissioning group (CCG). The CCG gave assurance that the practice were performing positively using the new local quality framework.

Additional data provided by the practice during our inspection highlighted that:

- There were 18 patients on the practices mental health register, 94% of these patients had a care plan in place, these patients were regularly reviewed and 100% of the patients on medication had received a medication review in the last 12 months.
- There were eight patients on the practices dementia register, 100% of these patients had a care plan in place, these patients were regularly reviewed and 100% of the patients on medication had received a medication review in the last 12 months.

National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics. Local prescribing data highlighted that the practice consistently met local budget and prescribing targets.

During our previous inspections we found that patient outcomes were hard to identify as little or no reference was made to clinical audits. The practice had since worked on developing a programme of audits. Records highlighted that in addition to infection control audits, the practice continually monitored and audited other areas such as cervical cytology results, patient demographics, and specific areas of prescribing such as antibiotics. Additionally the practice nurse had worked on a prescribing audit for patients with asthma and an audit focussing on identifying pre-diabetic patients. Furthermore, the practice nurse had emdedded a systematic approach to monitoring patients with hypothyroidism. We looked at records of these audits and saw that some of the audits were repeated to represent a complete audit cycle, for example:

- The practice worked closely with a pharmacist from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis and assisted the practice with medicine audits and monitored prescribing levels. Records of a completed audit pertaining to antibiotic prescribing demonstrated that in January 2015, formulary was not adhered to in 6 (15%) out of 40 cases where prescribing was reviewed. We also saw records of

a prescribing plan where actions were applied in order to continue to improve. Actions included ensuring local formulary guidelines were easily accessible to prescribers by being added to each computer desktop. Summary sheets of antibiotic guidelines were also cascaded to prescribers for ease of use and quick reference. The repeated audit demonstrated some improvements made where formulary was not adhered to in 4 (10%) of the 40 cases reviewed.

- We saw records of an audit produced by the GP which was aimed at improving the diabetic control for patients who would benefit from taking a specific medication in line with NICE guidelines. A search was conducted on the practices patient record system and 11 patients were identified as meeting the audit criteria, these patients were called in to the practice and introduced to the specific medication. The aim of the medication was to support patients with diabetes to aim for an HbA1c level of 48 mmol/mol (a blood glucose level of 6.5%). Six months later a second data collection showed a drop in patients' blood glucose measurements reducing from 7.9% to 6.6% in a short period of time. Following the audit a further patient was identified within the diabetic criteria and a systematic monitoring process was put in place, this also demonstrated use of NICE guidelines.
- We also saw records of a rolling audit carried out by the nurse. The audit was implemented to ensure that thyroid levels were being checked for patients with hypothyroidism who were taking specific medicines to manage thyroid levels. We saw that in the first audit from July 2016 the practice had identified 88 patients on thyroid medication and found that there were 22 patients requiring a blood test, as they had not been done within the previous 12 months. As a result, patients were sent for blood tests and results were observed by the GP as part of the patients medication review. Furthermore, the practice nurse implemented a system of monthly searches and recalls for these patients to ensure that relevant monitoring continued to take place.

During our previous inspection we noted that the practice had experienced some problems with coding the dates for medication reviews on patient records. Furthermore, we identified gaps in medication details on some records making it difficult to interpret the patient record overall. During our most recent inspection we reviewed several

Are services effective?

(for example, treatment is effective)

records including care plans and medication reviews. The practice had received support from the clinical commissioning group (CCG) which included further coaching on how to effectively use the patient record system. Additionally, two members of the non-clinical team were due to attend coding training at the end of November 2016. We noted many improvements had made in this area with few areas where further work was needed. For instance, although we saw evidence of comprehensive personalised care planning we found that in one instance a home visit was added to the system incorrectly although the details reflected the consultation which took place.

Effective staffing

One of the practices long term GPs retired from the practice in July 2016. In June 2016 the practice successfully recruited a female salaried GP who worked at the practice three days a week. The practice was also supported by a locum GP who joined the team in August 2016. The locum GP worked at the practice twice a week, staff explained that they continued to use the same locum to maintain continuity of care for patients.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as chronic disease and long term condition management.

During our comprehensive inspection in March 2016, we noted that some staff member's appraisals were significantly overdue. For example, we saw that an appraisal took place in 2014 for the practice nurse and in 2012 for the practice manager. Evidence provided during our most recent inspection supported that most staff had received appraisals, with regular supervision and reviews in place. However the practice manager had not received an appraisal. Following our inspection we received evidence from the provider to assure us that an appraisal was since completed for the member of staff who required one, however this took place after our inspection in December 2016.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support in place for the revalidation

of doctors and nurses. The practice supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening.

The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules. When we inspected the practice previously we found that the practice did not have an induction pack for locum clinicians to use when working at the practice. As part of our most recent comprehensive inspection we saw evidence of a comprehensive induction pack in place for locum clinicians.

Coordinating patient care and information sharing

We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included regularly reviewing the practices palliative care patients, patients receiving end of life care as well as when people moved between services; including when they were referred, or after they were discharged from hospital.

During our previous comprehensive inspection we found that the practice had four patients on their palliative care register. However, data provided by the practice highlighted that none of these patients had care plans in place. We looked at this area as part of our most recent comprehensive inspection. The practices palliative care register had increased to 11 patients. Data provided by the practice highlighted that 90% of these patients had a care plan in place and 100% of the eligible patients had received a medication review in a 12 month period.

Previously there were seven patients on the practices learning disability register and during our comprehensive inspection in March 2016 we found that only one of these patients had a care plan in place. During our most recent comprehensive inspection we noted that there were nine

Are services effective?

(for example, treatment is effective)

patients on the practices learning disability register, all of these patients had care plans in place and 100% of the eligible patients had received a medication review in a 12 month period. These patients were also regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

The practice had identified nine patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 78% of these patients received medication reviews within a 12 month period and 90% of these patients had a care plan in place.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. These included

patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- The practice's uptake for the cervical screening programme was 81%, compared to the CCG average of 78% and national averages of 81%. The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates were at 72% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 59% compared to the CCG and national averages of 57%.
- Practice data highlighted that 46 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 30 (65%) had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, immunisation rates for five year olds were ranged from 75% to 100% compared to the CCG average of 72% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We noted a friendly and calm atmosphere throughout the practice during our inspection. We saw that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations.

We spoke with seven patients on the day of our inspection including a member of the patient participation group (PPG). We received positive feedback regarding the service, patients said their dignity and privacy was respected and staff were described as caring and helpful. We received 40 completed CQC comment cards, all of the cards contained positive comments about care, treatment and interactions with staff across the practice. The practice also received many positive responses from the national GP patient's survey published in July 2016, for example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey highlighted that responses were also above local and national averages with regards to questions about patient's involvement in planning and making decisions about their care and treatment. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

We noted that an improvement in the results compared to the previous survey which was published in January 2016. For instance, previously 83% of the respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%. Furthermore, 77% of the respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%. Most recent results highlighted improvements, with the practice performing above local and national averages in this area. We noted that amongst the completed CQC comment cards there was a strong theme of positive feedback regarding care and patience provided by the GPs during patient consultations and many positive comments were also made regarding consultations with the nurses.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer and there were 20 patients on the practice's register for carers; this was only 1% of the practice list. The practice offered annual reviews and flu vaccinations for anyone who was a carer. Staff explained that they had a higher than average younger population and that this was why they had a small number of carers on the register. We looked at the practice's profile data from Public Health England, data from 2015 highlighted that 10% of the practice's list were aged 65 and above and 3% of the practice's list were aged 75 and above, compared to the local averages of 20% and 9% and national averages of 17% and 7%. This indicated that the practice had a younger population. Staff also confirmed that they had no young carers.

Are services caring?

During our previous inspections we identified that although supportive information was displayed in the waiting room there was no information available to specifically support carers. Notices in the patient waiting room told patients how to access a number of support groups and organisations. We saw a range of supportive information available for carers during our most recent comprehensive inspection. Staff we spoke with explained that they were planning on reviewing their patient registration form to ensure carers were identified on registering with the practice. The practice had also started to hand out carer registration forms to identify and support carers in conjunction with the Dudley Carers Network.

Staff told us that if families had suffered bereavement, their usual GP contacted them and patients were offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service, we also saw that resources and information on bereavement support was available in the waiting room.

The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments could be booked over the telephone, face to face and online. The practice offered text messaging reminders for appointments to remind patients of their appointments. The practice also proactively utilised their text messaging service for health promotion and to support recall systems.
- There were urgent access appointments available for children and those with serious medical conditions.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- The practice offered extended hours every Monday between 6:30pm and 7:30pm and every Thursday between 6:30pm and 8pm.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats.
- There were disabled facilities and translation services available at the practice. The practice did not have a hearing loop; this was also identified during our previous inspections. Staff we spoke with said that they did not have any deaf patients and any patients with hearing impairments.

Access to the service

The practice was open between 8am and 6:30pm during weekdays, with extended hours offered on Mondays between 6:30pm and 7:30pm and Thursdays between 6:30pm and 8pm.

Appointments were available from 9am until 11:30am and from 4pm to 6:30pm during weekdays and until a later time of 6:30pm and 7:30pm on Mondays and Thursdays during

extended opening hours. There was a GP on call between 8am and 9am each morning and also between 11:30am and 4pm. Pre-bookable appointments could be booked up to six weeks in advance.

Results from the national GP patient survey published in July 2016 highlighted that the practice was improving with regards to access:

- 81% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

In January 2016 the practice received 110 responses from the national GP patient survey and in July 2016 the practice received 113 responses from the national GP patient survey. A comparison of the results published in January and the most recent results published in July highlighted that although the practice was below average for appointment waiting times, overall improvements had been made. For example:

- Results published in January highlighted that 49% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- Most recent results published in July highlighted that 56% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- Results published in January highlighted that 50% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.
- Most recent results published in July highlighted that 52% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

Previously, the practice could not demonstrate that they had reviewed, analysed or put plans in to place to improve in relation to the national GP patient survey. During our

Are services responsive to people's needs?

(for example, to feedback?)

most recent comprehensive inspection we saw that the practice had developed an in-house survey. This was being used to continually monitor patient feedback. We saw that the practice had worked through an action plan in response to the results of the national GP patient survey and the in-house survey. Actions for improvement regarding access included increasing clinical sessions and offering extended hours twice a week to help with opening hours. The practice had also recruited a salaried GP and a locum GP to help with appointment needs.

Most of the feedback from patients we spoke with during our inspection and from completed CQC comment cards highlighted that appointments usually ran to time and overall patients described an efficient service. Amongst the 40 positive CQC comment cards there were a few comments noting that it was occasionally difficult to make an appointment, however patients commented that they didn't experience difficulties when needing an urgent appointment.

Listening and learning from concerns and complaints

The practice's complaints policy reflected recognised guidance and contractual obligations for GPs in England.

Those who wished to make a complaint were informed to speak with the practice manager as the designated responsible person who handled all complaints in the practice. We saw that this was noted in the practice leaflet however we noted that information was limited and did not fully inform patients of the practice's complaints policy which was in line with NHS requirements. The practice manager acknowledged this and assured us that the practice leaflet would be updated to provide complainants with more information.

We saw a summary of three complaints which were received during the last 12 months. The complaints had been investigated, responded to and closed in a timely manner. We also looked at one of the complaint records and found that it had been satisfactorily handled and responses demonstrated openness and transparency.

We saw minutes of practice meetings demonstrating that some staff shared learning by reflecting on complaints during practice meetings. Verbal complaints were not recorded and the practice did not review themes or trends from complaints to ensure themes were identified and opportunities for learning were maximised.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice's vision was to provide the very best service to patients, in a traditional practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

During our previous comprehensive inspection we found that governance arrangements were not effective. For instance we identified a number of gaps in the arrangements for identifying, recording and managing risks. This included risks associated with health and safety of the premises and infection control. Records were not in place to provide assurance that appropriate recruitment checks had been completed. Significant event records and the minutes of meetings contained limited information and did not demonstrate a culture of learning. The practice did not operate an effective programme of clinical audits. Previously, the practice had not developed a formal plan to work on the areas identified for improvement from the national GP patient survey. Additionally, no in-house survey had been conducted and therefore the practice did not have an action plan in place to demonstrate how improvements to the service could be made.

During our most recent comprehensive inspection we noted that governance arrangements had significantly improved in some areas, for example:

- Risks associated with health, safety, fire and infection control were formally assessed. These were governed by a programme to support continuous monitoring and during our inspection we found that risk assessments were comprehensive, detailed and well organised.
- The management of staff files had improved significantly. Files were well organised and we saw evidence to support that recruitment checks had been completed for staff prior to employment.
- The practice had analysed the results of the national GP patient survey and in response to this, the practice had worked through an action plan to support improvements to aspects of the service; such as access.

- The practice had completed an in-house patient survey to gather patient feedback and to identify and embed improvements.
- In addition to this, the practice had also implemented an anonymous staff survey to identify areas for improvement. The practice was in the process of collating the results and a survey discussion was factored in to the plan for the next practice meeting.
- During our previous comprehensive inspection although we saw minutes of some practice meetings we noted that minutes were not always produced in a timely manner and meetings were not governed by structured agendas to ensure that key items were regularly discussed, such as complaints and significant events. As part of our most recent comprehensive inspection we saw that some meetings were supported by an agenda where items including significant events, complaints and previous CQC inspections had been discussed. We also saw minutes to reflect these discussions and minutes of meetings that took place every two to three months.
- We noted that the practice had received support from the local clinical commissioning group (CCG) to make improvements since being placed in to special measures following the practice's first comprehensive inspection. This included training and coaching on how to effectively utilise the patient record system and practice manager mentorship. This support package was driven by the CCG.

We noted that although significant events were recorded, the practice did not maximise opportunities to share learning, monitor themes and reflect on events across the whole team. For example:

- Significant event records and minutes of practice meetings were in place to support shared learning. However, at the point of our inspection we noted that not all staff were invited to meetings where significant events and complaints were discussed. We also noted that in areas significant event records were not completed in line with the recommended review dates applied in practice.
- Additionally, the practice did not review themes or trends from significant events and complaints. This was

Are services well-led?

Requires improvement 

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

identified during our previous comprehensive inspection. Furthermore, records of verbal complaints were not kept to ensure themes were identified and opportunities for learning were maximised.

Leadership, openness and transparency

Within the practice, the lead GP and the practice manager formed the management team at the practice. The lead GP was responsible for the overall leadership of the practice. We spoke with seven members of staff during our inspection. Conversations with staff demonstrated that they were aware of the practice's open door policy and some staff said they were confident in raising concerns and suggesting improvements openly with the management team.

Although staff spoke positively about working at the practice, not all staff said that they felt supported. This also reflected feedback gathered during our previous comprehensive inspection. Discussions with some staff highlighted that the practice had been through a stressful period since our first comprehensive inspection took place. Some staff expressed that they had felt under pressure in dealing with challenges to embed improvements. All staff we spoke with said that they felt happy working at the practice and were proud of the rapport and relationships they had with patients.

However, we noted in some areas governance, systems and processes were not always effectively operated to support a well led and open culture. Although staff commented that they were a small friendly team, we noted that in areas the team was disjointed. For instance, although there was a regular programme of meetings in place, we noted that not all staff were invited to the meetings; such as the locum GP who worked at the practice on a regular basis.

Furthermore, not all staff had received an appraisal. Following our inspection we received evidence from the provider to assure us that an appraisal was since completed for the member of staff who required one, however this took place after our inspection in December 2016. We also received assurance from the provider following our inspection that improvements to practice meetings would take place. This included notifying staff of all practice meetings by email and where needed changes would be made to accommodate all members of staff so that all staff could attend the meetings where possible. The provider also noted that minutes of practice meetings

would be circulated to all staff members. Although we received assurance from the provider, we did not receive any additional evidence to support this or to demonstrate that these changes were currently in action.

Most staff we spoke with said that in-between meetings they communicated as a close team on a day to day basis, clinical staff also met informally each week to catch up and discuss clinical topics. Staff we spoke also advised that formal clinical meetings were held on a monthly basis, however we did not see evidence of minutes to support this and staff we spoke with confirmed that clinical meetings were minuted.

The GP attended local education events and the practice manager often engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. The practice nurse was able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

The practice's patient participation group (PPG) consisted of eight members. We spoke with a member of the PPG on the day of our inspection. The PPG member explained that the PPG meetings had increased from every three months to every month.

The PPG member outlined some of the improvements implemented in the practice which were supported by the PPG. For example, the PPG organised the information in the patient waiting area to ensure it catered to patient needs; this included displaying primary and care information and support information for carers. We noted that the PPG had also reflected on the practice's previous CQC inspection reports and were supporting the practice with improvement plans. For instance, to improve telephone access the PPG had suggested promoting telephone consultations. The PPG had also met with another PPG in the area to share ideas and explore ways of growing as a group.

We saw that PPG meetings were minuted and we noted that the PPG had discussed results of the national GP Patient survey as well as comments on the practice NHS Choices web page in June 2016. The practice had several negative comments on their NHS Choices web page. We noticed that the practice had not responded to their comments since June 2014 to show patients that they were

Are services well-led?

Requires improvement 

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

listening to and acting on their feedback. This was noted during our previous comprehensive inspection in March 2016 and also raised by the PPG in June 2016. Furthermore we noted that in areas the practice website required updating, for instance to reflect current staffing at the

practice. We noted that previously the GPs did not attend the PPG meetings however the PPG member explained that the practice was planning to include GP attendance when possible moving forward.