

Darlaston Medical Centre Dr Ali and Dr Syed 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?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9 August 2016. A total of three breaches of legal requirements were found and the practice was rated as requires improvement overall.

We issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.
- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safeguarding service users from abuse and improper treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.

You can read the report from the comprehensive inspection on 9 August 2016 by selecting the 'all reports' link for Darlaston Medical Centre Dr Ali and Dr Syed Surgery on our website at www.cqc.org.uk

We undertook an announced comprehensive inspection on 10 October 2017 to check that the practice now met legal requirements. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had made improvements to the safety systems and processes in place to minimise risks to patient safety. Processes were in place to ensure that repeat prescriptions for high risk medicines were monitored and that patients had regular reviews and blood monitoring.
- The practice had reviewed the emergency medicine available to the staff and the full range of emergency medicines was now available.
- The practice had strengthened their procedures to follow up children who failed to attend hospital appointments and had introduced an electronic template to assist staff to record relevant information.
- A legionella risk assessment had been completed and regular monitoring was taking place.

Summary of findings

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect although
- Information about services and how to complain was available. The practice had introduced a system for recording and acting upon verbal complaints.
- Patients told us that they were able to get appointments when they needed them. They told us both emergency and routine appointments were available, although they may have to wait for an appointment with their GP of choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had invested in a hearing loop system.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Improvements had been made to the governance procedures in place, including the follow up of children who did not attend appointments.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Consider reviewing and updating the fire risk assessment.
- Ensure evidence of completed induction programmes is available.
- Review the results of the national GP patient survey regarding patient satisfaction with their interactions with GPs.
- Consider providing information leaflets in different languages.
- Consider developing a practice meetings schedule.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had made improvements to the safety systems and processes in place to minimise risks to patient safety.
- The practice had strengthened their procedures to follow up children who failed to attend hospital appointments and had introduced an electronic template to assist staff to record relevant information.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Improvements had been made to the processes for handling repeat prescriptions which included the review of high risk medicines. The practice had introduced processes to ensure repeat prescriptions for high risk medicines were monitored and that patients had regular reviews and blood monitoring.
- A legionella risk assessment had been completed following our previous inspection and regular monitoring was taking place.
- The practice had reviewed the emergency medicine available to the staff and the full range of emergency medicines was now available.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were lower or comparable to the national average.
- Staff were aware of current evidence based guidance, and used templates to assess with assessing and planning care.
- There was evidence of quality improvement including some clinical audit.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Staff told us training and development opportunities were supported by the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved. The clinical staff at the practice met every three months with the community nurses and palliative care team to discuss patients identified with palliative care needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care in relation to the GPs but above others in the relation to the nurses.
- Survey information we reviewed showed that although patients said they were treated with compassion, dignity and respect, the GPs did not involve patients in decisions about their care and treatment to the same extent as the nurses. The practice was introducing longer GP consultations which would allow more time for discussion with patients.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The nurse practitioner acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice co-hosted weekly antenatal clinics with the community midwives. The practice held weekly baby immunisation clinics.
- The practice offered an enhanced service for patients requiring anti-coagulation therapy (blood thinning medicine). Patients were able to have their blood tested and prescribed the required dosage at the practice, rather than having to attend the hospital.

Good



Summary of findings

- Diabetic patients who needed to start on insulin were able to start this treatment at the practice, removing the need to referral to hospital.
- 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 said they found it easy to make an appointment, although they may have to wait for an appointment with their GP of choice and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Improvements had been made in the following areas: the availability of the full range of emergency medicines, undertaking a legionella risk assessment, the recording and management of verbal complaints and following up children who did not attend appointments.
- Staff had received inductions, annual performance reviews and attended staff meetings and had training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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.
- Annual health checks were provided for patients who lived in care homes and were carried out by the nurse practitioner and pharmacist.
- 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

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.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 70% compared with the CCG average of 79% and the national average of 78%. However, the practice exception reporting rate of 6% was lower than the CCG average of 10% and England average of 13%.

Summary of findings

- The practice offered a service for patients requiring anti-coagulation therapy (blood thinning medicine). Patients were able to have their blood tested and prescribed the required dosage at the practice, rather than having to attend the hospital.
- Diabetic patients who needed to start on insulin were able to start this treatment at the practice, removing the need to referral to hospital.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- 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.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who did not attend hospital appointments.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group The practice co-hosted weekly antenatal clinics with the community midwives and liaised with the health visitors as required.
- The practice's uptake for the cervical screening programme was comparable with the CCG and England average.
- Family planning services were available.

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).

- 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.

Good



Summary of findings

- 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.
- Telephone consultations were available for all patients, but especially for those working age patients or students.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

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 those with a learning disability.
- The practice had 19 patients on their learning disability register. These patients were invited for an annual review with the GP and offered longer appointments.
- Homeless people were supported to register at the practice by using the practice address.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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.
- 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.

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).

Good



- The practice carried out advance care planning for patients living with dementia.
- Seventy four percent of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to the national average of 84%.

Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients were invited for an annual health check and review.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below the local and national averages. Three hundred and eighty two survey forms were distributed and 126 were returned. This represented 3% of the practice's patient list.

- 72% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 72% 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.

Forty-four out of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Negative comments related to reception staff not being attentive and the time taken to deal with queries.

We spoke with six patients including one member of the patient participation group (PPG). Five out of the six patients spoken with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. One patient told us they were not satisfied with the care provided to a family member and they were advised on how to raise their concerns.

Areas for improvement

Action the service **SHOULD** take to improve

Consider reviewing and updating the fire risk assessment.

Ensure evidence of completed induction programmes is available.

Review the results of the national GP patient survey regarding patient satisfaction with their interactions with GPs.

Consider providing information leaflets in different languages.

Consider developing a practice meetings schedule.

Darlaston Medical Centre Dr Ali and Dr Syed Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

- A nurse practitioner, a practice nurse and a health care assistant (all female).
- A practice manager and an administrator supported by reception staff and a secretary.

The practice is open between 8.30am and 6.30pm every weekday except Thursday, when the practice is open between 8am and 4pm. During the in hours periods when staff do not answer the telephones, the calls are answered by WALDOC and information about patients passed back to the practice. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, via the NHS 111 service when the practice is closed.

The practice is registered as a teaching practice for trainee nurses.

Background to Darlaston Medical Centre Dr Ali and Dr Syed Surgery

Darlaston Medical Centre is registered with the Care Quality Commission (CQC) as partnership provider in Darlaston, Wednesday, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The patient list is approximately 4,033 of various ages registered and cared for at the practice. The practice provides GP services in an area considered as one of the more deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- Two GP partners (one male and one female), and one male salaried GP.

Why we carried out this inspection

We carried out an announced inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 9 August 2016 had been made. We inspected the practice against all of the five questions we ask about services. This is because the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008.

We previously undertook a comprehensive inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9

Detailed findings

August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall, with a rating of inadequate for providing safe services and requires improvement for providing a well led service. We found three breaches of a legal requirements and as a result we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.
- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safeguarding service users from abuse and improper treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We undertook a follow-up announced comprehensive inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 10 October 2017 to check that the practice met legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 10 October 2017. During our visit we:

- Visited Darlaston Medical Centre Dr Ali and Dr Syed Surgery
- Spoke with a range of staff, including the GP partners, the nurse practitioner, the practice administrator, reception staff, a student nurse and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised 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 with dementia).

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

Are services safe?

Our findings

At our previous inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9 August 2016, we found that care and treatment was not being provided in a safe way for patients. We rated the practice as inadequate for providing safe services. This was because:

- The practice had not carried a risk assessment in order to mitigate the potential risks of not stocking a full range of medicines to be used in the event of an emergency.
- An effective system to monitor and review patients on high risk medicines was not in place.
- Safeguarding procedures were not always followed to ensure where appropriate staff were following up children who had not attended hospital appointments.
- Effective systems were not in place to assess, monitor and mitigate risks to the health, safety and welfare of service users and others who may be at risk, which arise from the carrying on of the regulated activity.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 10 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and 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).
- The practice had recorded five significant events during the previous 12 months. From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, 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. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

We saw that improvements had been made to the safety systems and processes within the practice. 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. There was a lead member of staff for safeguarding. TAlerts were placed on the electronic records to notify all staff of any child either at risk or with a child protection plan in place.
- We saw that the practice had strengthened their procedures to follow up children who failed to attend hospital appointments. A template on the electronic records had been introduced to assist staff to record relevant information. We reviewed the records for three patients which demonstrated that practice had taken appropriate action.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the nurse practitioner were trained to child safeguarding level three and the practice nurse trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. 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 clean and tidy. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The nurse practitioner 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. Annual IPC audits were undertaken. The last audit was carried out in July 2017 and we saw evidence that action was taken to address any improvements identified as a result.

We saw that improvements had been made to 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).

- Improvements had been made to the processes for handling repeat prescriptions which included the review of high risk medicines. We saw that the practice had introduced processes to ensure repeat prescriptions for high risk medicines were monitored and that patients had regular reviews and blood monitoring. We reviewed the records of four patients and saw that they were monitored appropriately.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The nurse practitioner 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 the practice nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

We saw that improvements had been made to the 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 July 2016, we didn't see any evidence to support this assessment had been reviewed in July 2017. However, we saw that the required actions in the assessment were being carried out, for example regular fire drills, which were logged.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment had been completed following our previous inspection and regular monitoring was taking place.
- 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 enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had improved the arrangements in place 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.
- The practice had reviewed the emergency medicine available to the staff and the full range of emergency medicines was now available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- Systems were in place to monitor medicines that the GPs carried when they were undertaking home visits.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9 August 2016 we rated the practice as good for providing effective services. When we undertook a follow up inspection on 10 October 2017 we continued to rate the practice as good for providing effective services.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Clinical staff had access to templates to assist with the assessment of long term conditions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). The most recent published results showed the practice had achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice clinical exception rate was 7%, which was 1% below the CCG average and 2% below the national average. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower or similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall

picture of what a patients average blood sugar levels had been over a period of time was recorded as 70% compared with the CCG average of 79% and the national average of 78%. However, the practice exception reporting rate of 6% was lower than the CCG average of 10% and England average of 13%.

- Performance for the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 90%. This was comparable to the CCG average of 91% and the England average of 90%. COPD is a chronic lung disease. The practice exception reporting rate of 7% was lower than the local average of 9% and the England average of 12%.
- Performance for mental health related indicators was lower or comparable to the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 74% which was lower than the CCG average of 92% and national average of 89%. The practice clinical exception rate of 4% for this clinical area was lower than the CCG average of 5% and the England average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was below the local CCG average and England averages (74% compared with the CCG and national average of 84%). The practice clinical exception rate of 0% for this clinical area was below the local CCG average and England average of 7%.

At the previous inspection we found that the exception reporting for depression and dementia were higher than the CCG and England averages. The figures for 2015/16 showed an improvement in both of these areas. The exception reporting rate for depression had decreased to 27% from 45%, with the CCG average of 20% and the England average 22%. The expectation reporting rate for dementia had decreased to 3% from 18%, with the CCG average of 14% and the England average of 13%.

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- The practice had carried out several systematic reviews during the previous two years related to various safety alerts. For example, prescribing high dose digoxin (medicine to treat heart conditions), paracetamol prescribing for patients with liver disease and the use of a particular type of oral contraception. These audits demonstrated an improvement against the criteria set.
- The practice had also audited patients who were eligible for anti-coagulation therapy (blood thinning medication) to check they were all receiving adequate anti-coagulation therapy. The audit identified eight patients who were not receiving adequate therapy and these patients were offered a different type of anti-coagulation medication. Five patients had commenced on the new medication and three patients remained undecided. The practice were aware of those undecided patients and they were being closely monitored.
- The practice was a training practice for student nurses studying at the local university. The nurse practitioner had undertaken additional training to become the placement supervisor/mentor for student nurses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The nurse practitioner attended a 'Practice Nurse Forum' of professional peers every quarter. They told us these meetings were beneficial as they provided the opportunity for peer support and to discuss any issues arising in general practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Evidence of completed induction programmes was not always available.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The nurse practitioner had attended relevant training to enable them to care for patients with long term conditions. The newly appointed practice nurse was being supported to attend 'The Fundamentals of Practice Nursing' course at the local university. This course covered areas such as child immunisations, cytology and long term conditions. The nurse practitioner provided supervision and mentoring for this member of staff.
- 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, discussion at practice nurse forums and training events.

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.
- From the sample of examples we reviewed 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. The practice monitoring patients who were at risk of unplanned admissions and developed care plans in consultation with these patients.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of

Are services effective?

(for example, treatment is effective)

different patients, including those who may be vulnerable because of their circumstances. The clinical staff at the practice met every three months with the community nurses and palliative care team to discuss patients identified with palliative care needs. Minutes of meetings were available.

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 (MCA) 2005.
- Staff told us they had MCA training was provided as part of the safeguarding training.
- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra 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.
- Smoking cessation clinics were co-hosted at the practice by an external provider.
- Patients at risk of developing diabetes could be referred to a preventative education programme to reduce their risk.
- Patients requiring advice and support with weight loss could be referred to the local Health Trainer service, provided with 12 weeks membership of a slimming group, or referred to the council website for discounted rates at local gyms.
- The nurse practitioner told us they were supporting a patient who came to the practice weekly to be weighed.

The nurse practitioner allowed sufficient time during the appointment to accompany the patient on a short walk around the vicinity as part of their weight loss programme.

The practice's uptake for the cervical screening programme was 76%, which was comparable with the CCG and England average of 81%. (The practice exception reporting rate of 5% was lower than the CCG and England average of 7%). There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015/16, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than the local and national averages:

- 61% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was below the CCG average of 72% and the England average of 73%.
- 42% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was below the CCG average of 52% and the England average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above the national expected coverage of 90%, ranging from 96% to 98%. The uptake rates for vaccines given to five year olds were above the England average at 98%.

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

At our previous inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9 August 2016 we rated the practice as good for providing caring services. When we undertook a follow up inspection on 10 October 2017 we continued to rate the practice as good for providing caring services.

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.

- Staff told us they locked the doors 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. Notices were in the waiting room advising patients they could request to speak to a member of staff in private.
- Patients could be treated by a clinician of the same sex.

Forty-four out of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Negative comments related to reception staff not being attentive and the time taken to deal with queries.

We spoke with six patients including one member of the patient participation group (PPG). Five out of the six patients spoken with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. One patient told us they were not satisfied with the care provided to a family member and they were advised on how to raise their concerns.

Results from the national GP patient survey showed how patients responded to questions about whether they felt

they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs were lower than the CCG and national averages. For example:

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.

However the practice was similar to the CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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.

Are services caring?

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs were lower than the local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

However, the results for nursing staff were above the CCG and national averages. For example:

- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff told us that they supported patients by translating letters and explaining information when it wasn't written in their own language.

- Information leaflets were available in the waiting room. However, we did not see any leaflets in different languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (2% of the practice list). Carers were offered an annual health check and the flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

The nurse practitioner acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. This member of staff maintained the carers' register, maintained contact with the carers by telephone and in consultation with the GPs arranged additional support if required.

Staff told us that if families had experienced bereavement, their usual GP contacted them and they were offered an appointment and could be referred to counselling if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9 August 2016 we rated the practice as good for providing responsive services. When we undertook a follow up inspection on 10 October 2017 we continued to rate the practice as good for providing responsive services.

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 engaged with the local Clinical Commissioning Group.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Annual health checks were provided for patients who lived in care home and were carried out by the nurse practitioner and pharmacist.
- There were longer appointments available for patients with a learning disability.
- 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.
- 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, and interpretation services available.
- The practice co-hosted weekly antenatal clinics with the community midwives. The practice held weekly baby immunisation clinics.
- The practice offered an enhanced service for patients requiring anti-coagulation therapy (blood thinning medicine). Patients were able to have their blood tested and prescribed the required dosage at the practice, rather than having to attend the hospital.
- Diabetic patients who needed to start on insulin were able to start this treatment at the practice, removing the need to referral to hospital.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it

hard to use or access services. Homeless people were able to register at the practice by using the practice address. A number of settled traveller families and people living in a half-way house were also registered at the practice.

Access to the service

The practice was open between 8.30am and 6.30pm every day except Thursday, when the practice was open between 8am and 4pm. During the in hours periods when staff did not answer the telephones, the calls were answered by WALDOC and information about patients passed back to the practice. A range of appointments, including pre-bookable, routine on the day, emergency on the day and telephone consultations were available. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, via the NHS 111 service when the practice was closed.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was below the local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 59% of patients said they could get through easily to the practice by phone compared to CCG and national average of 71%.
- 73% 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 80% and the national average of 84%.
- 72% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

The survey results did not reflect the comments received from patients on the day of the inspection.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had identified from the national survey that patients felt that they were waiting too long to be seen for their appointment. As a consequence they had reviewed the appointment system for one of the GPs. Appointment times had been extended to 12 minutes and time was allocated for administration throughout the day. This new system was due to be implemented at the end of November 2017. A new telephone system was due to be installed at the beginning of December 2017 which increase access into the practice, The system would also enable the practice to text and email patients appointment reminders, to try and reduce the number of lost appointments.

The practice had a system to assess:

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

The practice used a template to gather information from patients or carers requesting a home visit, which was passed to the GPs. Reception staff printed off the summary care records for the GPs to take on the visits. 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.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints leaflets were available in the waiting room and details of how to complain was also included in the practice information leaflet, and on the website.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw that complaints were discussed at staff meetings. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Following our previous inspection the practice had introduced a system for recording and acting upon verbal complaints.

Are services well-led?

Good 

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

Our findings

At our previous inspection of Darlaston Medical Centre Dr Ali and Dr Syed Surgery on 9 August 2016, we found that patients using the service were not protected against the risks of inappropriate or unsafe care and treatment because of the lack of systems and processes in place to assess, monitor and improve the quality and safety of the service. We rated the practice as requires improvement for providing a well led service. This was because:

- Appropriate risk assessments had not been undertaken in some areas.
- Not all risks to patients had been identified and mitigated.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 10 October 2017. The practice is now rated as good for providing well led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Staff spoken with told us it was a traditional family orientated practice focusing on patient care.

Governance arrangements

The practice had strengthened the governance framework which supported the delivery of the strategy and good quality care since our previous inspection. This outlined the structures and procedures and ensured that:

- 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. One of the GP partners was the clinical and safeguarding lead and the nurse practitioner was the carers' and infection control lead.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. One of the GP partners took responsibility for monitoring the Quality and Outcomes Framework (QOF), with support from the nursing team.

- A programme of 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. The practice had made improvements by ensuring a full range of emergency medicines were available and undertaking a legionella risk assessment. Systems were in place to follow up children who did not attend appointments.
- Improvements had been made to the recording and management of verbal complaints.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us 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. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and palliative care nurses to monitor vulnerable patients. GPs and practice nurses, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Good 

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

- Staff told us the practice held team meetings but these tended to be on an adhoc basis rather than planned in advance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We spoke with a third year student nurse during the inspection. They told us that in their opinion this had been their best placement and they had received support from all staff during the placement. They told us they had been encouraged to develop their skills and knowledge under the supervision of the nurse practitioner and had been encouraged to participate in clinics organised by the nurses and the GPs.

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. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, posters to inform patients about the availability of telephone consultations and Pharmacy First (a scheme for patients to), and the provision of a disabled parking bay.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staffing meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.