

Dr George and Dr Rajcholan

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 carried out an announced comprehensive inspection at Dr George and Dr Rajcholan Practice on Tuesday 3 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded. However information recorded was not sufficient to confirm that significant occurrences were appropriately reviewed and monitored to demonstrate improvement.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Clinical staff had received training appropriate to their roles and further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said that although they had to wait they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs.
- There was a leadership structure. The patient participation group felt the practice could be more encouraging and supportive in ensuring they were involved in the improvement and future plans for the practice.

There are areas where the provider needs to make improvements in particular the provider should:

- Ensure that records of significant occurrences provide sufficient information to show that they are appropriately reviewed and monitored to demonstrate improvement.
- Have a system in place to record, investigate and demonstrate the outcome of verbal complaints received.

Summary of findings

- Complete the process of ensuring staff have a criminal records check through the Disclosure and Barring Service (DBS) where appropriate.
- Ensure that two cycle clinical audits are completed that demonstrate any improvements for patients.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded. However information recorded was not sufficient to confirm that significant occurrences were appropriately reviewed and monitored to demonstrate improvement. Risks to patients were assessed.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were mostly comparable with the national averages. Where performance was lower the practice had taken action to address this. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Some staff had received training appropriate to their roles and any further training needs were identified and planned for through appraisals and personal development plans. Specific training to support admin staff in their roles had not always been fulfilled.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice comparable with others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available, however some patients were not clear on how to make a complaint. The practice did not record verbal complaints. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a vision and strategy. Staff were clear about their role and responsibilities. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held various regular meetings which included elements of governance. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) felt that they could be supported to be more active and involved in improvements at the practice. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access 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. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. The practice had improved its uptake of cervical screening for women aged 25-65 years over the last 12 months from 73.61% to 90%.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. 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.

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.

Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

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). Patients experiencing poor mental health had received an annual physical health check and on the day of the inspection we found that 14 of the 27 (52%) patients eligible since April 2015 had been in receipt of their annual review. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. We found that 36 of the 47 (77%) patients with a diagnosis of dementia had received a care review. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. A total of 397 surveys (10.5% of patient list) were sent out and 102 (25.9%) responses, which is equivalent to 2.7% of the patient list, were returned. Results indicated the practice performed comparable to other practices in most aspects of care, which included for example:

- 75% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 77% **and a national average of 81%.**
- 78% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 80% **and a national average of 85%.**
- 90% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 84% **and a national average of 89%.**
- 86% of respondents said the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 84% and a national average of 87%.
- 75% of respondents said they would recommend this surgery to someone new to the area compared with a CCG average of 71% **and a national average of 78%.**

The practice scored higher than average in terms of patients found it easy to get through to the surgery by phone and patients were able to see their preferred GP. For example:

- 81% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57% **and a national average of 60%.**
- 83% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 90% described their overall experience of this surgery as good compared to a CCG average of 82% and a national average of 85%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients before our inspection. We received 24 completed comment cards which were positive overall about the care, treatment and services received. There were some comments about the length of time for a routine appointment and patients that worked, commented that an early appointment time for blood tests etc. should be available. Reception staff, the nurse, healthcare assistant and GPs all received praise for being professional, thorough, quick to act where needed, courteous and pleasant. Patients said that staff listened to. Patients informed us that staff treated them with compassion and respect. We spoke with 11 patients during the inspection between the ages of 24 and 92 years. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Patients who told us about concerns they had for example, about appointments and repeat prescriptions, said that they had raised these with staff at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that records of significant occurrences provide sufficient information to show that they are appropriately reviewed and monitored to demonstrate improvement.
- Have a system in place to record, investigate and demonstrate the outcome of verbal complaints received.
- Complete the process of ensuring staff have a criminal records check through the Disclosure and Barring Service (DBS) where appropriate.
- Ensure that two cycle clinical audits are completed that demonstrate any improvements for patients.

Dr George and Dr Rajcholan

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 advisor, a practice manager specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Dr George and Dr Rajcholan

Dr George and Dr Rajcholan Practice is located in a residential area of Wolverhampton. It is a purpose built single storey building. The practice is located in an area of high deprivation and falls within the 30% most deprived in England. The total practice patient population is 3,782. There is one female and one male GP who provide services which equate to two whole time equivalent GPs. The practice team includes one practice manager, one practice nurse, one healthcare assistant. There are four practice support staff including a secretary and three receptionists. In total there are 9 staff employed either full or part time hours.

The practice opening times are 8am to 6pm Monday, Tuesday, Thursday and Friday and Wednesday 8am to 1pm. The practice does not offer extended GP appointment opening times. The practice does not provide an out-of-hours service to its patients but has alternative

arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours services, Primecare, Monday, Tuesday, Thursday and Friday and Wolverhampton Doctors on Call on Wednesday afternoons.

The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure. It also offers services for health checks and foreign travel.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We spoke

Detailed findings

with the managers from two of the three care homes to which the practice provided a service. We did this to help us to understand the care and support provided to patients by the practice.

We carried out an announced inspection on 3 November 2015 at the practice. During our inspection we spoke with the two GP partners and a practice nurse. We also spoke with the receptionists, the practice manager and 11 patients (included the PPG members). We observed how patients were cared for. We reviewed 24 comment cards where patients shared their views and experiences of the service.

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)

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

Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the partners and or practice manager of any incidents to ensure appropriate action was taken.

The practice had recorded twelve significant events, both clinical and operational which had occurred between October 2014 and October 2015. One of the events was a query from a patient who had not received an appointment for a test. An investigation showed that two requests had been made but the receiving organisation had no record of the request. Systems were put in place for staff to contact the receiving organisation by telephone to confirm receipt of referral faxes. The proposed change in practice had not been confirmed within a protocol and records were not maintained to demonstrate that staff had carried out the task. We found that there was a lack of information in significant event records and minutes of meetings to demonstrate that systems put in place were effective and prevented further occurrence. Where appropriate learning from events had been shared with external stakeholders. Patients affected by significant events received an apology and were told about actions taken to improve care.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Reported incidents and national patient safety alerts were used as well as comments and complaints received from patients to collate risk information.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. One of the GP partners was the lead for safeguarding.

Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Certificates of safeguard training at

the appropriate level were seen for all staff. The practice had updated the records of each vulnerable patient to ensure patient's safeguarding records were up to date. This involved where necessary contact and meetings with external agencies, such as health visitors and community mental health team and where appropriate the local authority safeguarding teams. The GPs attended regular safeguarding meetings with a multidisciplinary team of professionals which included the health visitor and midwife and also provided reports where necessary for other agencies. Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded.

The practice had completed fire risk assessments with the owners of the building and staff told us that regular fire drills were carried out. Records we saw confirmed this. Electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was regularly maintained to ensure it was working properly.

The practice had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment rooms had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available throughout the building. Clinical waste disposal contracts were in place. The practice nurse was the clinical lead for infection control and had undertaken further training to enable them to carry out staff training. The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal) and a Legionella risk assessment had been carried out.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. However criminal records checks through the Disclosure and Barring Service (DBS) for non-clinical staff who carried out chaperone duties had not been completed. 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. Risk assessments to determine whether criminal checks where needed were not completed for

Are services safe?

these staff. The practice told us that these staff would have a criminal check carried out and would await the outcome of the DBS check before continuing in the role of a chaperone.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Records available showed that seven medication audits had been completed and appropriate actions to review patient's medicines where necessary. Prescription pads were securely stored and there were systems in place to monitor their use.

Monitoring risks to patients

The practice had assessed risks to those using or working at the practice. We saw that where risks were identified action plans had been put in place to address these issues. A building maintenance policy and schedules for maintenance were identified by the owners with the involvement of the practice. The practice had completed a risk assessment log where specific risks related to the practice were documented. We saw that each risk was rated and mitigating actions recorded to reduce and manage the risk.

There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. Staff we spoke with told us that children were always provided with an on the day

appointment if required. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition were referred to a duty GP for quick assessment.

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 an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received cardio pulmonary resuscitation training. Robust systems were in place to ensure emergency equipment and medicines were regularly checked; these included checking the GP bags. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, first aid kit and accident book 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 fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. A copy of the business plan was not kept off site. The practice manager told us that this would be addressed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. There was a system in place to inform staff of any changes in the NICE guidelines they used.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 81.2% of the total number points available for 2014-2015 which was below the local CCG average of 91.9% and national average of 93.5%. However the practice had made improvements on the previous year's performance. This included for example, the 2013-2014 QOF data showed that the practice had a lower percentage of women aged 25 to 64 who had a cervical screening test performed in the last five years when compared to the national average (73.61% as compared to the national average of 81.88%). The GPs and nursing staff had identified this and improvements had been made in the 2014-2015 QOF year. Data showed that the practice had achieved 90% which was comparable to the local CCG average of 95.1% and national average of 97.6%. Further QOF data from 2014-2015 showed:

- Performance for diabetes assessment and care was much lower than the national average (53.5% as compared to the national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average (80.8% as compared to the national average of 97.8%).
- Performance for mental health assessment and care was much lower than the national average (57.7% as compared to the national average of 92.8%).

- The dementia diagnosis rate was lower than the national average (84.61% as compared to the national average of 94.5%).

We saw that in the areas where the practice was performing significantly lower in comparison to the local and national averages that action had been taken to address this. For example a clinical audit looked at the management of patients with diabetes as it had been identified that the prevalence of diabetes was slightly higher than the national average. The practice identified a list of 239 patients of which all the care and treatment indicators had been achieved for 152 (64%) patients. Staff at the practice introduced a plan of action to ensure improvements in the care and treatment of the remaining 87 patients. The action plan also included putting systems in place for the ongoing and continuous monitoring of all patients in this group. A further audit was planned to take place in 2016. Further audits undertaken included a minor surgery audit to ensure safe practice was followed and identify improvement where needed and an audit of the care and treatment of patients with heart failure.

Clinical audits were carried out to facilitate quality improvement and all relevant staff were involved in the practice aim to improve care and treatment and patient outcomes. We saw five clinical audits carried out during the last 12 months. Although planned a second cycle had not been completed for any of the audits to review whether improvements had been made.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had annual appraisals that identified their learning needs from which personal development plans were identified. All staff had had an appraisal within the last 12 months. Our interviews with staff confirmed that the practice provided training opportunities. Reception staff appraisals showed that some staff had not been supported to attend specific training they had identified would support them in their role.

The practice could demonstrate how they ensured clinical staff attended role-specific training and updating for relevant staff for example, the nurse and healthcare assistant received training and attended regular updates for the care of patients with long-term conditions and

Are services effective?

(for example, treatment is effective)

administering vaccinations. There was a training schedule in place to demonstrate what training staff had received or were due to receive. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regularly basis. For example every six to eight weeks with health visitors, weekly with district nurses, monthly with the local hospice palliative care nurses. The practice monitored and ensured that care plans were routinely reviewed and updated. The practice maintained regular contact with the local mental health teams and drug and alcohol liaison services.

Consent to care and treatment

Patients' consent to care and treatment was always 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated. The

process for seeking consent was not monitored through audits of records for example, patients' consent for minor surgery to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. The nurse actively engaged patients in lifestyle programmes. Data showed that 93.8% of patients had their smoking status recorded and 90.3% of these patients had accepted support to help them stop smoking. Patients were sign posted to weight loss clinics when appropriate. The practice nurse used chronic disease management clinics to promote healthy living and health prevention in relation to the patient's condition. The practice website contained health advice and information on long term conditions, with links to support organisations.

Patients had access to appropriate health assessments and checks. The health checks were carried out by the healthcare assistant who had received appropriate training to support them fulfil this role. Patients aged between 40 and 74 years were offered an NHS health check. The GPs were informed of any health concerns detected. Where abnormalities or risk factors were identified appropriate follow-up on the outcomes of health assessments and checks were made.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 74.3% to 98.6%, children aged two to five 81.4% to 94.9% and five year olds from 87.5% to 100%.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014-2015 QOF year was 90% which was comparable to the local CCG average of 95.1% and national average of 97.6%. This was an improvement on the previous year. The practice was proactive in following these patients up by telephone and

Are services effective?

(for example, treatment is effective)

sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that staff were courteous, caring and very helpful to patients both at the reception desk and on the telephone. We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in July 2015. The survey included responses collected during July to September 2014 and January to March 2015. There were 397 survey forms sent out of which 102 (25.9%) responses were returned. Data from the national patient survey showed the practice was rated broadly in line with the local and national average satisfaction scores on consultations with GPs and nursing staff and the support received from receptionists.

- 90.5% said the GP was good at listening to them compared to the CCG average of 84.5% and national average of 88.6%.
- 86% said the GP gave them enough time compared to the CCG average of 83.7% and national average of 86.6%.
- 86.5% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 92% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 90.8% and national average of 91.9%.
- 83.8% said they found the receptionists at the practice helpful compared to the CCG average of 86.5% and national average of 86.8%.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 24 completed cards. The cards contained positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were professional and caring. We also spoke with eleven patients on the day of our inspection which included two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtain screening was available to maintain the level of privacy afforded to patients and maintain their dignity during examinations, investigations and treatments. The position of the open reception desk within the waiting room made it difficult for confidential conversations to take place. To help address this, patients were asked to queue at a point where patients at the reception desk could not be overheard. Staff offered patients access to a private room if they wanted to speak with someone privately. This was confirmed by patients.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views. Comments received aligned with those above in that patients felt well supported by the nursing staff.

Data from the National GP Patient Survey published July 2015 we reviewed showed patients responses about the GPs and nursing staff involving them in planning and making decisions about their care and treatment and results were comparable to the local and national averages. For example:

- 80.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.6% and national average of 86%.
- 75.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76.8% and national average of 81.4%.
- 86.1% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89.7% and national average of 89.6%.
- 83.9% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 84.8%.

Are services caring?

Staff told us that translation 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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The

practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with a learning disability. An easy read letter was sent to patients with a learning disability inviting them to attend their annual review.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Regular (every 6 to 8 weeks) multidisciplinary meetings were held to discuss patients at risk and those receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations were available every day after the morning clinic and patients were advised on how the telephone consultation system worked.
- Facilities and access for patients with physical and mobility disabilities and translation services were available.
- Managers from two local care homes told us the GPs always responded well to requests for home visits and had no concerns about the practice.

Access to the service

The practice opening times were 8am to 6pm Monday, Tuesday, Thursday and Friday and Wednesday 8am to 1pm. The practice did not offer extended GP appointment opening times. Appointments were available from 9am to 11.30am and 3pm to 6pm and the GPs also offered telephone advice after their morning surgery. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice is closed. Patients were directed to the out of hours services, Primcare, Monday, Tuesday, Thursday and Friday and Wolverhampton Doctors on Call on Wednesday afternoons.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. Longer appointments were available for older patients, children, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions.

The patient survey information we reviewed for July 2015 showed that patients rated the practice higher than or comparable with the local and national averages in response to questions about access to appointments. For example:

- 83.8% were satisfied with the practice's opening hours compared to the CCG average of 76.7% and national average of 74.9%.
- 76.9% described their experience of making an appointment as good compared to the CCG average of 70.7% and national average of 73.3%.
- 83.3% said they could get through easily to the surgery by telephone compared to the CCG average of 72.8% and national average of 73.3%.
- 59.6% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.8% and national average of 64.8%.

The patient views in the comments cards we received showed that patients were happy with the appointment system. However they commented that at times it was difficult to make an appointment. These views aligned with the views of the patient GP national survey.

Listening and learning from concerns and complaints

The practice had a system in place 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 including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from concerns and

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

complaints and action was taken to improve the quality of care. The practice manager told us that verbal complaints received were dealt with immediately, however the complaints had not been recorded.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas, in leaflets and on the practice website. Staff knew and understood the values.

The practice had a strategy to reflect the vision and values. Staff and patients felt that they were involved in the future plans for the practice, for example the practice patient participation group (PPG) sought the views of patients when it was planned to remove the blood taking service provided at the practice. This resulted in a reduction of the service to one morning per week and not the full withdrawal of the service as planned. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and quality care. This outlined the structures and procedures in place:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- A programme of clinical and internal audit was used to monitor quality and to make improvements. However two cycle audits had not been completed.
- The clinical staff were supported to address their professional development needs.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

Staff we spoke with were positive about working at the practice. They told us they felt supported to deliver safe, effective and responsive care. Staff described the culture at the practice as open and transparent. They told us they felt comfortable to raise any concerns when required and were confident these would be dealt with appropriately.

Regular practice, clinical and team meetings involving all staff were held and staff felt confident to raise any issues or concerns at these meetings. There was a practice whistle blowing policy available to all staff to access on the

practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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

The practice had gathered feedback from patients through the friends and family surveys. Comments were reviewed at practice meetings. The last survey showed that 14 surveys had been completed and all commented that they would recommend the practice to others. The practice had an active PPG which consisted of eight members. The PPG met quarterly with staff members and a GP from the practice. We spoke with two members of the group who felt that they were not fully encouraged to be involved in improving the services at the practice. The members were actively trying to recruit more members and had held events such as coffee mornings to support this. The practice had also reviewed the outcome of the July 2015 national GP patient survey and put an action plan in place to address concerns identified in the responses.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both staff and patients.

Continuous improvement

The practice had completed reviews of significant events and other incidents, however records available did not show that these were shared with relevant staff.

The practice team took part in local pilot schemes to improve outcomes for patients in the area. This included introducing a software system to support the reduction of the number of preventable deaths from medication-related incidents by identifying potential concerns at an early stage.