

# Dr Saptarshi Saha

## Quality Report

Darlaston Health Centre  
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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?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

### Detailed findings from this inspection

Our inspection team	14
Background to Dr Saptarshi Saha	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Saptarshi Saha also known as Darlaston Health Centre on 25 May 2016. The overall rating for the practice was inadequate and the practice was placed in to special measures for a period of six months. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Saptarshi Saha on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 11 April 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice operated effective systems for reporting and recording significant events. Significant event logs showed that the practice had responded and learned from safety incidents.
- Effective system were in place to receive and act on alerts from the Medical and Healthcare products Regulatory Agency (MHRA) alerts.

- At our May 2016 inspection, some medicines required to respond to medical emergencies were not stored within the practice. During this inspection we found that the arrangements to respond to medical emergencies had been strengthened.
- The practice had clearly defined and embedded systems to minimise risks associated with legionella, fire and health & safety.
- Overall Quality Outcomes Framework (QOF) performance remained above local and national averages. Uptake of bowel cancer screening had increased since the May 2016 inspection.
- Clinical guidelines were cascaded to all the clinical team; staff had the skills and knowledge to deliver effective care and treatment. The practice used clinical audits in most areas to monitor quality improvements. However, audits of completed joint injections were not being carried out.
- The July 2016 national GP patient survey showed areas where patient satisfaction had either increased or declined since the previous inspection. The practice were aware of these results and took actions to improve patient satisfaction.

# Summary of findings

- Completed Care Quality Commission comment cards showed that patients felt they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Previously complaints were not being managed effectively. During this inspection the practice were able to clearly demonstrate improvements made to the quality of care as a result of complaints and concerns. New ways of working were established in response to survey results.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity which staff had access to and held regular practice meetings. However, there were areas where oversight of some procedures were not carried out effectively such as managing uncollected prescriptions.
- The practice sought feedback from staff. The practice had an active patient participation group (PPG) and we saw measures in place in order to increase PPG membership and seek feedback from patients, which it acted on.

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

- Ensure staff are aware of practice policies and procedures and that these are adhered to and operated effectively.

- Establish an effective system for monitoring the overall stock of prescription stationery.
- Ensure clinical improvement initiatives are monitored to measure performance and quality improvements in all areas of need.
- Continue to consider ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.
- Continue to review national GP patient survey results, internal patient feedback and explore effective ways to further improve patient satisfaction. Explore options to enable patients to be treated by a clinician of the same sex if and when requested.
- The practice should explore initiatives to improve engagement with patient groups where exception reporting is above local and national averages.
- Explore how to provide a service for patients who are unable to attend the practice.
- Ensure clinical performance initiatives are carried out to monitor quality improvements.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our previous inspection, we rated the practice as inadequate for providing safe services as some arrangements to enable the practice to provide safe care needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 11 April 2017. For example:

- Previously the practice was unable to evidence a record of learning from significant events and the practice did not operate an effective system for managing patient safety alerts. During this inspection, we saw evidence of actions taken and shared learning following incidents to prevent the same thing happening again. The practice operated an effective system to manage patient safety alerts.
- At the May 2016 inspection, some medicines required to respond to medical emergencies were not stored within the practice. When we carried out the comprehensive follow up inspection we saw that adequate stock of emergency medicines were available within the practice and easily accessible to staff in a secure area.
- The system for monitoring uncollected prescriptions was not operated effectively. As a result, we saw uncollected prescriptions dating back to December 2016 which had not been addressed.
- During our previous comprehensive inspection the practice were unable to demonstrate maintenance of appropriate standards across some areas. For example, general cleaning logs were not completed, some risk assessments were not in place and the monitoring of vaccination fridge temperatures were not effective.
- Documentation provided at this inspection showed that the practice had clearly defined and embedded systems, processes and practices to minimise risks such as risks associated with legionella and fire. Arrangements were in place to ensure staff were up to date with immunisations such as Hepatitis B, where required. Completed cleaning logs demonstrated that the practice maintained and monitored standards of hygiene.
- Staff demonstrated that they understood their safeguarding responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Good



# Summary of findings

## Are services effective?

At our previous inspection, we rated the practice as requires improvement for providing effective services as there was limited evidence to demonstrate that clinical audits drove quality improvements. Additionally, the practice was unable to provide records of meetings with the palliative care team. These arrangements had significantly improved when we undertook a follow up inspection on 11 April 2017. For example:

- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff we spoke with was aware of current evidence based guidance.
- Overall Quality Outcomes Framework (QOF) performance remained above local and national averages. Uptake of bowel cancer screening had increased since the May 2016 inspection. However, breast cancer screening had declined.
- Previously the practice was unable to demonstrate quality improvement. During this inspection, the practice provided evidence of clinical audits carried out since the May 2016 comprehensive inspection, which showed quality improvements. However, the practice was not carrying out audits of their joint injection service.
- Documentation reviewed as part of this inspection showed training had been completed and staff had the skills and knowledge to deliver effective care and treatment.
- The practice ensured that patients with complex needs and those receiving palliative care were supported to receive coordinated care. For example, the practice monitored end of life care and treatment, attended multi-disciplinary meetings with health visitors, district nurses and community matrons.

Good



## Are services caring?

At our May 2016 inspection, we rated the practice as good for providing caring services. During the April 2017 follow up inspection we saw that arrangements in place continued to support the delivery of caring services. For example:

- Staff were motivated to offer kind and compassionate care and worked together to overcome obstacles to achieving this.
- For example, there were areas of the July 2016 national GP patient survey where performance had either improved or declined since the May 2016 inspection. As a result, the practice discussed findings and placed staff on appropriate training.

Good



# Summary of findings

- Patient feedback from the comment cards we received showed that patients felt involved in decision making about the care and treatment they received.
- Information for patients about the services was accessible within the practice. Clinicians were multi-lingual and able to use sign language to communicate effectively.
- There was a designated lead person responsible for identifying carers and keeping the carers list up to date. The carers list had increased since the previous inspection. The practice had a comprehensive carers pack and offered pre and post bereavement support for families.
- During the inspection, we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

Previously we rated the practice as requires improvement for providing responsive services as arrangements for managing house bound patients with non-urgent care needs were not clear. Investigating and learning from complaints needed improving. During the April 2017 follow up inspection we saw some improvements. For example:

- The practice understood its population profile and had used this in most areas to meet the needs of its population. For example, staff were able to apply sign language and were also able to speak and understand several languages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients living with dementia.
- Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment fell below local and national averages since the May 2016 inspection. The practice was aware of this and actively taking actions to improve patient satisfaction.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Previously complaints were not being managed effectively. Complaints reviewed as part of this inspection showed that the practice responded quickly to issues raised. Learning and actions required following complaints were shared with staff and other stakeholders.

**Requires improvement**



# Summary of findings

## Are services well-led?

Previously we rated the practice as inadequate for providing well-led services, as some governance arrangements needed improving. These arrangements had improved in most areas when we undertook a follow up inspection in April 2017. For example:

- 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 we saw that policies were available to staff. However, the monitoring of some procedures such as uncollected prescriptions was not effective.
- Arrangements for monitoring and improving quality and managing risk had improved since our previous inspection. For example, with the exception of minor surgery, the practice established a programme of continuous clinical audits. The practice operated an effective system for managing safety alerts, complaints and safety incidents.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- The practice held regular staff meetings; documents provided during the inspection demonstrated regular clinical meetings being held.
- The practice sought feedback from patients via their suggestion box, which it acted on. Previously we saw that the patient participation group (PPG) was not active. However, PPG members we spoke with as part of this inspection demonstrated their involvement with the practice. We saw posters in the reception area encouraging patients to join the PPG with dates of scheduled 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.

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. For example, the practice had a dedicated phone line for at risk, frail and palliative care patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a named lead that identified at an early stage older patients who might need specialist 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. For example, patients were sign posted to Age UK.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients diagnosed with diabetes who had a blood sugar reading which showed that the condition was being controlled appropriately was 84%, compared to the CCG average of 79% and national average of 78%. With a exception reporting rate of 10%, compared to CCG average of 10% and national average of 13%.
- Patients had access to a specialist diabetic nurse who attended the practice once a fortnight. There was a clear referral processes in place.



# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy, electrocardiogram (ECG) testing and followed recognised asthma pathways.
- 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.

- The practice was able to demonstrate systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Staff we spoke with were able to describe how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 81% and national average of 82%.
- The practice provided support for premature babies and their families following discharge from hospital. GPs and practice nurse operated a weekly baby clinic where immunisations were given and GPs carried out health checks. Immunisation rates were relatively high standard childhood immunisations.
- The premises were suitable for children and babies. Appointments with GPs and nurses were available outside of school hours. Rooms were available for breast feeding and there were baby changing facilities.
- The practice worked with midwives, health visitors and school nurses where possible to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



# Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## 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 some services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available with GPs and nurses.
- The practice was proactive in offering online services, telephone consultations; test results were available via a text messaging service.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that annual reviews were carried out.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff we spoke with 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 and outside normal working hours.
- The practice held a carers list. Carers had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 2% of the practice list were carers.

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

The practice is rated as requires improvement for providing effective and responsive care for people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- QOF data showed that 80% of patients diagnosed with dementia had their care plans reviewed in a face-to-face review in the preceding 12 months, compared to CCG and national average of 84%. Unverified data provided by the practice showed that 83% received a care plan and medicines review in the last 12 months.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs; data provided by the practice showed that 93% received a medicines review in the past 12 months.
- The percentage of patients diagnosed with mental health who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 95%, which was comparable to the CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. A Community Psychiatric Nurse attended the practice fortnightly.
- 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.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



## Summary of findings

- Staff we spoke with during the inspection had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

When we carried out the May 2016 inspection, results from the January 2016 national GP survey showed the practice was performing in line with local and national averages for questions around phone access, overall experience and recommendations. However, results were less favourable towards appointment availability.

The national GP patient survey results published on 7 July 2016 showed the practice was performing lower than local and national averages for questions around phone access, overall experience and recommending the practice to someone new to the area. However, results were above local and national averages for questions around patients' involvement in decisions about their care; and treating patients with care and concern. Three hundred and sixty-one survey forms were distributed and 101 were returned. This represented 28% completion rate, compared to national average of 38%.

- 75% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.

- 57% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were mostly positive about the standard of care received. For example, patients felt respected by staff; happy with the care provided and patients felt listened too. However, seven completed comment cards were less favourable. For example, patients felt that their health concerns were not taken seriously and some comments included access to appointments.

Twenty-four patients responded to the March 2017 friends and family test (FFT), 96% of the respondents would recommend this practice to a friend or family.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure staff are aware of practice policies and procedures and that these are adhered to and operated effectively.
- Establish an effective system for monitoring the overall stock of prescription stationery.
- Ensure clinical improvement initiatives are monitored to measure performance and quality improvements in all areas of need.
- Continue to consider ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.
- Continue to review national GP patient survey results, internal patient feedback and explore effective ways to further improve patient satisfaction. Explore options to enable patients to be treated by a clinician of the same sex if and when requested.
- The practice should explore initiatives to improve engagement with patient groups where exception reporting is above local and national averages.
- Explore how to provide a service for patients who are unable to attend the practice.
- Ensure clinical performance initiatives are carried out to monitor quality improvements.

# Dr Saptarshi Saha

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

## Background to Dr Saptarshi Saha

Dr Saptarshi Saha's Surgery is also known as Darlaston Health Centre. The practice is located in Walsall, West Midlands and is situated in a multipurpose modern built NHS building, providing NHS services to the local community. Dr Saptarshi Saha's practice is part of the Modality Partnership which is a GP partnership where partners own shares of the organisation. Modality Partnership provides one model of care across 25 different locations in Sandwell, Birmingham, Walsall and Hull.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr Saptarshi Saha Surgery are below the national average, ranked at two out of 10, with 10 being the least deprived. (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 practice serves a higher than average patient population aged between zero to 39, and below average of patients aged between 40 and 85 plus.

The patient list is approximately 3,535 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients; for example, childhood vaccination and immunisation scheme.

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of one GP partner and one locum GP (both male), one advanced nurse practitioner, one health care assistant, one practice operations manager, four receptionists and two administrators.

The practice is open between 8.30am and 7.30pm on Mondays, 8.30am and 6.30pm on Tuesdays, Wednesdays and Fridays and between 8.30am to 12.30pm on Thursdays.

GP consulting hours are from 8.30am to 1pm and 4pm to 7.30pm on Mondays, 8.30am to 12.30pm and 2.30pm to 6pm on Tuesdays, Wednesdays and Fridays; and 8.30am to 12.30pm on Thursdays. Extended consulting hours are offered on Mondays until 7.30pm. The practice has opted out of providing cover to patients during the out of hours period. During this time services are provided by NHS 111. During the surgeries in-hours closure on Thursdays, services are covered by WALDOC (Walsall Doctors On Call).

The practice was previously inspected by CQC on the 3 October 2014 where we rated the practice overall as requires improvement. We then undertook a follow up inspection on 25 May 2016 to review in detail whether actions taken by the practice lead to improvements of the quality of care being provided.

# Detailed findings

During the May 2016 inspection, we found that the practice was required to make further improvements. Therefore we took enforcement action in relation to the practice not establishing systems for managing relevant patient safety alerts. Arrangements for responding to medical emergencies had not been established; there were areas where risks and staff training were not well managed. As a result we placed the practice into special measures.

This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Saptarshi Saha on 25 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Saptarshi Saha on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr Saptarshi Saha on 11 April 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 April 2017. During our visit we:

- Spoke with a range of staff including a GP, a practice nurse, receptionists, administrators and a practice operations manager.
- Observed how patients were being cared for in the reception area.
- 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 on 25 May 2016, we rated the practice as inadequate for providing safe services. There was limited evidence of learning outcomes to prevent reoccurrence of safety incidents. The practice was unable to demonstrate an effective system for managing patient safety alerts. Problems with data loggers (a device used to continuously record vaccination fridge temperatures) resulted in the practice being unable to demonstrate effective monitoring of vaccination fridge temperatures. There were gaps in the completion of some mandatory training such as fire safety and the practice were unable to demonstrate that risks associated with legionella were formally assessed. Emergency medicines used to treat suspected bacterial meningitis and allergic reactions were not stored within the practice, and the practice did not carry out a formal risk assessment to mitigate the risks of not stocking these medicines.

Arrangements had significantly improved when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

When we carried out the May 2016 comprehensive inspection there was limited evidence of learning outcomes to prevent reoccurrence of safety incidents and the practice was unable to demonstrate an effective system for managing patient safety alerts. During this inspection the system for reporting and recording significant events and safety alerts had improved. For example:

- 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).
- Five significant events were documented during 2017. We looked at two significant event records and found that actions were taken to improve processes and prevent the same thing happening again. The practice carried out yearly analysis of significant events in order to monitor trends and evaluated any action taken.

- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example; we saw actions taken to report faults with the fire door following completion of a fire drill.
- We reviewed the management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated safety alerts to clinicians and non-clinical staff. The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. We saw evidence of actions following an alert relating to a secondary care pathology issue. The practice carried out searches to identify patients who were then invited in to repeat their blood test to check levels of Vitamin B12. We also saw evidence of actions taken to ensure compliance with medical device alerts such as checking batches of specific kits used to treat low blood sugar levels in a diabetic emergency.

### Overview of safety systems and process

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. Staff we spoke with explained that the GPs provided reports where necessary for other agencies and they would attend safeguarding meetings when possible.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses had received child safeguarding level three and safeguarding adults level two training. Non-clinical staff were trained to level one child safeguarding. The practice nurse received



## Are services safe?

training on recognising adult domestic violence and the GP attended training to help them identify and assist girls at risk of female genital mutilation (FGM). We saw that when safeguarding concerns were raised there were clear documentation of referrals made, communication with Health Visitors and outcomes were documented. The practice also recorded these as significant events and we saw evidence of shared learning.

- 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. During the May 2016 inspection the practice provided a copy of an external contractor's general cleaning schedule. However, records had not been completed by the contractors and the practice had not addressed this. During this inspection, we saw completed cleaning schedules and monitoring systems in place.
- The health care assistant was the infection prevention and control (IPC) 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 by an external infection control specialist. The practice scored 84% compliance in their August 2016 IPC audit and we saw evidence that action was taken to address any improvements identified as a result.
- We checked vaccination fridges and saw that they were adequately stocked, there was good stock rotation; plugs were not accessible and the fridges were clean and tidy. Fridge temperatures were effectively monitored and this had improved since our previous inspection where we identified problems with the data logger system. For example, times and dates were incorrect and when asked we were not provided with evidence of appropriate actions taken to address the

issue. During this inspection we saw issues relating to the monitoring of vaccination fridge temperatures had been addressed. Documentation we viewed showed that vaccination fridge temperatures were being recorded correctly.

- Previously the practice was unable to provide records which demonstrated appropriate staff were up to date with immunisations recommended for staff who are working in general practice. Records we viewed as part of this inspection showed staff had received the recommended immunisations.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure this occurred. However, the process for monitoring uncollected prescriptions was not effective. For example, we saw prescriptions dating back to December 2016 which had not been collected or highlighted to the prescriber. Following the inspection, the practice reviewed their policies and implemented a new process for monitoring and managing uncollected prescriptions.
- Prescription stationary was securely stored and the practice kept a log of prescriptions used. However, the practice did not operate an effective system for monitoring overall stock of prescription stationary. Following the inspection the practice provided evidence of a new system which enabled the practice to monitor overall prescription stock.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams as part of a local improvement scheme.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before

## Are services safe?

presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five 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. We also saw that appropriate recruitment checks had been carried out on locum GPs.

### Monitoring risks to patients

When we inspected the practice in May 2016 we saw that risks to patients were not always being assessed and managed. For example, the practice was unable to provide evidence of a formal legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During this inspection we saw areas where procedures for assessing, monitoring and managing risks to patient and staff safety had improved. For example:

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked by a professional contractor 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.

- 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

Arrangements to respond to emergencies and major incidents had been strengthened since the previous inspection. For example:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- During our previous inspection we found that risk was not assessed in the absence of emergency medicines used to treat suspected bacterial meningitis and allergic reactions. At this inspection, we saw that these emergency medicines were available within the practice and easily accessible to staff in a secure area of the practice. Staff we spoke with during this inspection knew of their location. All the medicines we checked were in date and stored securely; there were designated staff members responsible for monitoring stock levels and expiry dates.
- 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 on 25 May 2016, we rated the practice as requires improvement for providing effective services as there was limited evidence to demonstrate that clinical audits drove quality improvements and the practice was unable to provide evidence of meetings with the palliative care team.

These arrangements had significantly improved when we undertook our inspection on 11 April 2017. The provider is now rated 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.
- 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 had increased from 98% to 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting rates was comparable to CCG and national average for overall clinical domains. (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). For example, 8%, compared to CCG average of 8% and national average of 10%.

QOF data from 2014/15 showed that this practice was not an outlier for any QOF (or other national) clinical targets. Furthermore, data from 2015/16 showed the practice maintained this performance. For example:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, 84% of patients diagnosed with diabetes had a blood sugar reading which showed that the condition was being controlled appropriately, compared to CCG average of 79% and national average of 78%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, 95% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records, in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 92% and national average of 89%. However, the practice exception reporting rate was 15%, compared to CCG average of 5% and national average of 13%.
- The percentage of patients with a mental health related disorder who had their alcohol consumption recorded was 100%, compared to CCG average of 94% and national average of 89%; with a 12% exception reporting rate, compared to CCG average of 4% and national average of 10%.
- 80% of patients diagnosed with dementia had their care reviewed in the preceding 12 months, compared to CCG and national average of 84%. Unverified data provided by the practice showed that 83% received a care plan in the last 12 months.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 81%, compared to CCG average of 88% and national average of 87%.
- Data from 2016/17 QOF year showed exception reporting rates for cancer related indicators was 40%, compared to CCG average of 15% and national average of 25%. During the inspection the practice provided more recent unverified data which showed no patients had been exception reported.

Staff we spoke with were aware of the practice exception reporting rates and were able to demonstrate the actions taken to improve performance. Staff explained that senior

# Are services effective?

## (for example, treatment is effective)

leadership tracked QOF performance on a monthly basis and improvement plans were established. For example, staff were required to actively contact patients through phone or letter as part of the recall process. Clinicians would review multiple missed appointments before making the decision to exclude patients. We were told that district nurses and community matrons attended multi-disciplinary meetings within the practice to discuss patient engagement and any concerns.

During the previous comprehensive inspection the practice were unable to evidence quality improvements. During this inspection there was evidence of quality improvement including clinical audit. for example:

- The practice provided documentation of three clinical audits commenced since the May 2016 inspection; all were completed audits where the improvements made were implemented and monitored.
- All relevant staff were involved in clinical audits and findings were used by the practice to improve services. For example, the practice carried out an audit to see whether a medicine used to reduce cholesterol levels was being managed appropriately. The initial audit identified patients who were not on appropriate treatment. The practice contacted identified patients and reviewed their treatment. Following a second audit, all identified patients were treated effectively using appropriate medicines.
- The practice offered joint injections. We saw consent forms in place; however, the practice was not monitoring clinical outcomes or infection rates.

### Effective staffing

During our previous comprehensive inspection we saw gaps in training such as fire safety and basic life support. Documentation reviewed as part of this inspection showed training had been completed; and 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.
- The practice could demonstrate how they ensured role-specific training and training updates for staff. For example, for those reviewing patients with long-term

conditions. Furthermore, the nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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. Staff we spoke with also explained that they received updates from diabetes and asthma UK; staff had online access to the British National Formulary online (a publication which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was mainly available to 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, investigation and test results.
- The practice was able to demonstrate how they 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 on-going care and treatment. This included when patients moved between services, including when they were

# Are services effective?

## (for example, treatment is effective)

referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis such as health visitors, community matrons and district nurses when care plans were routinely reviewed and updated for patients with complex needs. Staff we spoke with explained that the practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- During our previous inspection we found that some staff we spoke with could not demonstrate that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, staff we spoke with as part of this inspection understood the relevant consent and decision-making requirements' of the Act.
- When providing care and treatment for children and young people, staff we spoke with were able to explain how they carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw that consent forms were in place and used before carrying out minor surgery. The practice used nationally approved consent forms such as those approved by the Royal College of General Practice (RCGP).
- Training records showed that relevant staff had completed mental Capacity Act training.

### 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.
- Access to health trainers were available within the community. The health care assistant was trained to deliver smoking cessation advice and we were told that patients were also given the option of being referred to local QUIT smoking support groups.

During our previous inspection, data highlighted that the practice's uptake for the cervical screening programme was in line with local and national averages. Data from 2016/17 showed that the practice achieved 84%, compared to CCG average of 81% and national average of 82%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. Staff explained that patients were signposted to the mobile screening unit, which was accessible via the practice and they flagged non-attenders on the practice clinical record for further discussion. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice carried out audits to assess the rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one could not be read properly).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. However, data we viewed since the last inspection showed that some areas of performance had declined. For example:

- Females, aged 50 to 70, screened for breast cancer in last 36 months (3 year coverage, %) had declined from 75% to 64% compared to CCG average of 72% and national average of 73%.
- Females, aged 50 to 70, screened for breast cancer in last six months of invitation declined from 69% to 44% compared to CCG average of 75% and national average of 74%.

# Are services effective?

(for example, treatment is effective)

- However, patients aged between 60 to 69, screened for bowel cancer in last 30 months had increased from 49% to 51%, compared to CCG average of 52% and national average of 58%.
- Patients aged between 60 to 69, screened for bowel cancer within six months of invitation remained at 50%, compared to CCG average of 50% and national average of 56%.

Staff we spoke with explained that they were aware of the decline in the uptake of breast screening. We were told that staff were opportunistically encouraging patients to engage in testing. Staff also explained that they offered telephone interventions which included calling identified patients and discussing the benefits of screenings. We saw informational leaflets in patient waiting areas.

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

for the vaccines given continued to be above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 100% for first dose and 95% for the second dose, compared to CCG averages of 99% for first dose and 94% for second dose; and national averages of 94% for first dose and 88% for second dose.

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 May 2016 comprehensive inspection, we rated the practice as good for providing caring services. The practice is still rated 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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Although both GPs were male patients had the option of being treated by a clinician of the same sex.

Most of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the continued support had been extremely positive and staff were helpful, caring and treated them with dignity and respect. Some of the less positive comments related to getting an appointment.

Since the May 2016 inspection, results from the national GP patient survey showed variation in patients' thoughts around whether they were treated with compassion, dignity and respect. Data from the July 2016 survey showed the practice was above local and national averages in some areas and comparable in other areas for its satisfaction scores on consultations with GPs and nurses. There were also areas where survey results had either improved or declined since the previous inspection. For example:

- 84% of Patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%. Previously 86% said the GP was good at listening to them.

- Patients who said the GP gave them enough time increased from 85% to 86%, compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and national average 95%. Previously 95% said they had confidence and trust in the last GP they saw.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%. Previously 86% said the last GP they spoke to was good at treating them with care and concern.
- Patients who said the nurse was good at listening to them declined from 92% to 85% compared with the clinical commissioning group (CCG) and national average of 91%.
- Patients who said the nurse gave them enough time declined from 91% to 81% compared with the CCG average of 93% and national average of 92%.
- Patients who said they had confidence and trust in the last nurse they saw increased from 95% to 96% compared with the CCG and national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 90% and national average of 91%. Previously, 92% of patients said the last nurse they spoke to was good at treating them with care and concern.
- The percentage of patients who said they found the receptionists at the practice helpful also declined from 87% This was below the CCG and the national average of 87%.

The practice was aware of the national GP survey data and was able to demonstrate where they had discussed with staff actions to improve survey results. For example, to address results relating to clinicians treating patients with care and concern and the helpfulness of reception staff, the practice allowed staff to complete training around communication techniques. However, staff we spoke with were unable to demonstrate whether these actions had improved patient satisfaction. Two members of the practice patient participation group (PPG) we spoke with explained that they attended meetings where the practice actively discussed national survey results and possible

## Are services caring?

areas for improvement. An internal survey carried out by the practice nursing team showed that patients were satisfied with the services provided by nurses. Although the survey was not a targeted survey in response to the national patient survey findings, results highlighted positive responses across all 20 completed surveys.

### Care planning and involvement in decisions about care and treatment

Patients' feedback from the comment cards we received showed that they felt involved in decision making about the care and treatment they received. They also 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. Feedback from the PPG members we spoke with was also positive and aligned with these views.

Staff we spoke with were able to demonstrate how they ensured children and young people were treated in an age-appropriate way and recognised as individuals. For example, staff explained that when deciding whether a child is mature enough to make decisions they used 'Gillick competency' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

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

- Patients who said the last GP they saw was good at explaining tests and treatments remained at 79% compared with the CCG average of 85% and the national average of 86%.
- The percentage of patients who said the last GP they saw was good at involving them in decisions about their care improved from 83% to 87%, compared to the CCG and national average of 82%.
- The percentage of patients who said the last nurse they saw was good at explaining tests and treatments declined from 91% to 84% compared with the CCG average of 91% and the national average of 90%.

- The percentage of patients who said the last nurse they saw was good at involving them in decisions about their care had declined from 90% to 79%, compared to the CCG average of 87% and 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 that this service was available. Patients were also told about multi-lingual staff who might be able to support them. For example, clinicians were able to speak Bengali, Hindi and Urdu. Clinicians were also able to perform sign language.
- Information leaflets were available in easy read format.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- There was a comprehensive information board located in the reception area, which provided patients with a variety of information, such as self-help services.

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice previously identified 60 patients as carers (2% of the practice list). Staff we spoke with explained that since the May 2016 inspection they had discussed ways of increasing the identification of carers during practice meetings. Letters were sent out to identify further patients who were carers or may have a carer and clinical staff were advised to check during appointments. At this inspection we saw that the practice carers list had slightly increased to 65 (2% of the practice list). Information was available to direct carers to various avenues of support available to them within the community.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice new patient registration form included questions which identified carers and the practice were actively updating records when patients attended the practice.



## Are services caring?

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

card. 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

When we carried our inspection May 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of managing house bound patients with non-urgent care needs was not clear. Additionally, investigating and learning from complaints needed improving.

These arrangements had improved in some areas; however, there were area which had declined when we undertook a comprehensive follow up inspection on 11 April 2017. The practice is now rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

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

- The practice offered extended hours on Monday evenings from 6.30pm until 7.30pm for patients who could not attend GP appointments during normal opening hours. The practice also offered online appointments.
- There were longer appointments available for patients with a learning disability. Data provided by the practice showed where eligible, 67% of patients on the practices learning disability list had a care plan in place and received a medicine review in the past 12 months. Practice staff explained that they were actively contacting patients and their carers to encourage attendance for health reviews.
- The practice took account of the needs and preferences of patient's complex needs. There were early and ongoing conversations with these patients about their end of life care. We saw evidence of internal clinical meetings where patients were discussed.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS. Staff referred patients to other clinics for vaccines available privately such as yellow fever vaccinations.
- There were accessible facilities, which included access to an interpretation services and a hearing loop was

available in the practice. Staff we spoke with explained that they identified the top five prevalent languages within the practice. As a result, we saw posters such as carer's information, complaints, chaperone advice and various health conditions in five different languages.

- Clinicians were multilingual therefore able to speak and understand several languages.
- Patients were able to access in-house services such as family planning advice, ante-natal clinics and baby clinics, weight management, spirometry and electrocardiogram (ECG) testing.
- Previously it was not clear that all practice staff were adopting the policy for registering patients in vulnerable circumstances. During this inspection we were told that patients with no fixed abode were able to register at the practice and we saw evidence of a practice policy and process to support this.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open from 8.30am and 7.30pm on Mondays, 8.30am and 6.30pm on Tuesdays, Wednesdays and Fridays and between 8.30am to 12.30pm on Thursdays. Appointments were from 8.30am to 1.00pm and 4.00pm to 7.30pm on Mondays, 8.30am to 12.30pm and 2.30pm to 6.00pm on Tuesdays, Wednesdays and Fridays; and 8.30am to 12.30pm on Thursdays.

The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During their in hours closure on Thursdays services are covered by WALDOC (Walsall doctors on call). In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

Results from the January 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas. Data from the July 2016 survey which we viewed as part of this inspection showed that some satisfaction rates had fallen below the local and national averages; for example:

# Are services responsive to people's needs?

## (for example, to feedback?)

- The percentage of patients who were satisfied with the practice's opening hours had declined from 78% to 73%, compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- Patients who said they could get through easily to the practice by phone declined from 74% to 64%, compared to the CCG average of 76% national average of 73%.
- However, patients who said the last time they wanted to speak to a GP or nurse they were able to get an appointment increased from 66% to 71%, compared with the CCG average of 82% and the national average of 85%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 60% of patients said they didn't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Staff we spoke with explained that they had reviewed these results and felt that issues with the previous phone lines had impacted on patients ability to get through to the practice. As a result, a new telephone system had been installed in February 2017 to improve access, we were also told that the practice planned to add extra GP appointments on Mondays.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. However, during the May 2016 inspection staff we spoke with explained that the GP carried out home visits for palliative care patients; however, did not generally carry out home visits for house bound patients with non-urgent care needs. Most recently, staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. We were told that GPs utilised the rapid response team for non-urgent care needs. 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, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

During the previous inspection we saw that the practice had systems in place for handling complaints and concerns. However, the system was not always effectively operated. For example, complaint acknowledgement letters were not being sent to complainants and they were not being told about actions to prevent the same thing happening again. Evidence of a thorough investigation and learning as a result of complaints were limited. As part of this inspection we saw significant improvements. For example:

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The designated person responsible for handling all complaints in the practice ensured that staff were effectively following the process. The practice actively referred complaints to external organisations when required such as NHS England.
- We saw that information was available in a range of different languages to help patients understand the complaints system. For example, posters displayed copies of the practice complaints policy and comments, suggestions and concerns forms.

The practice received four complaints since the May 2016 inspection. We looked at two of these complaints and saw they were dealt with in a timely way, with openness and transparency when dealing with the complaint. The practice carried out an analysis of complaints and produced a report, which they disseminated throughout the practice. The report demonstrated an effective system for learning from individual concerns and complaints and a proactive approach to identification of trends and actions required to improve the quality of care. For example, the practice identified a trend around communication; as a result, all reception staff were placed on customer service training.

# 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 May 2016 inspection, we rated the practice as inadequate for providing well-led services as systems and processes for assessing, monitoring and improving the quality and safety of services provided were not being managed or operated effectively.

We issued a requirement notice in respect of these issues, which required the practice to make improvements. At our April 2017 follow up comprehensive inspection we found that arrangements had significantly improved. The practice is now rated as good for being well-led.

### 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.
- Members of the management team explained that the practice joined a large group of practices called Modality Partnership in February 2017. Staff explained by joining a larger group of practices they received support to manage their governance arrangements and as a result, systems and processes had been strengthened.
- The practice had a strategy and supporting business plans which reflected the vision and values, with future visions of further expansions.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs.

### Governance arrangements

We then carried out a comprehensive inspection in May 2016 where we saw that some areas had improved. During this inspection we saw further improvements in most areas. For example,

- Previously we saw that some policies such as current safeguarding policies were not available to staff. At this inspection we saw that all policies were available via a shared drive. Staff were aware of how to access policies

and procedures. However, there were some processes such as the management of uncollected prescriptions which were not being followed in accordance to practice procedures.

- At our previous inspection the practice were unable to demonstrate a programme of continuous clinical audits used to monitor quality and make improvements. Since the inspection, the practice were able to demonstrate targeted audits carried out in most areas to improve the quality of care. However, we saw that the practice had not established a system to monitor the quality of joint injections.
- Risk assessments and formal arrangements to respond to medical emergencies had not been carried out and appropriate arrangements were not formally established when we inspected the practice in May 2016. During this inspection, we saw risk assessments and arrangements' to respond to medical emergencies were in place.
- Systems for managing and responding to risks to patients were not thorough enough when we previously inspected the practice. For example, the practice was unable to evidence actions taken to ensure compliance with safety alerts. As part of this inspection we saw an effective system in place to ensure safety alerts and medicines alerts were acted on. We saw evidence of effective communication pathways with the Clinical Commissioning Group medicines management team.
- Although data from the national GP patient survey and national screening programme had increased in some areas and declined in others, we saw that the practice was aware of the performance and taking actions to improve their performance.
- The practice improved the system for receiving, recording, handling; responding and learning from complaints and significant events since the May 2016 inspection. As a result, during this inspection we saw an established, effective and accessible system being operated. Furthermore, minutes of meetings showed a clear structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

The management team was aware of and had systems to ensure compliance with the requirements of the duty of

# Are services well-led?

Good 

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

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. Management encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- Since the previous inspection we saw that the practice improved their record keeping. This included improved documentation to demonstrate that patients were given reasonable support, truthful information and a verbal and written apology when things went wrong.

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

- Previously the practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients; however, these were not being held on a regular basis. During this inspection we saw that these meetings were carried out more frequently and minutes were available. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings, which were now being minuted.
- Staff told us the managers were approachable and always took the time to listen to them. There was an open culture within the practice and staff explained that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of practice meetings were available for staff to view.

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

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and members of the group explained that they were working with the practice to increase membership. For example, posters were in the waiting area which also included dates of the next PPG meeting and patients were encouraged to speak to a member of staff if they wished to join or provide feedback.
- The practice encouraged feedback from staff generally through staff meetings, appraisals and discussion. All staff were involved in discussions about how to run and develop the practice, and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nurses explained that they were concerned that patients booked in for cervical screening were not being booked appropriately. This was discussed during a practice meeting and a process for receptionists to follow was implemented.