

# Swanpool Medical Centre

## Quality Report

St Marks Road

Tipton

West Midlands

DY4 0UB

Tel: 0121 557 2581

Website: [www.swanpoolmedicalcentre.co.uk](http://www.swanpoolmedicalcentre.co.uk)

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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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out a comprehensive inspection at Swanpool Medical Centre on the 9 June 2015. The practice received an overall rating of requires improvement. We carried out a follow up comprehensive inspection on the 16 November 2016 to see if improvements had been made. The practice continued to be rated requires improvement overall with an inadequate rating for services being well led. The practice was issued with a warning notice in relation to regulation 17 good governance. The full comprehensive reports for both these inspections can be found by selecting the 'all reports' link for Swanpool Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to follow up progress made by the practice since the inspection on 16 November 2017 and was an announced comprehensive inspection on 13 July 2017. Although we have seen improvements the practice continues to be rated as requires improvement overall.

Our key findings were as follows:

- We found that significant improvements had been made to address concerns raised during our previous

inspection. The practice was reliant on the use of locum GP and there had previously been little evidence of involvement of these GPs within the practice's clinical governance arrangements including the sharing of best practice, management of incidents, safety alerts, complaints and learning from these.

- At this inspection we found effective systems and regular clinical meetings had been put in place for disseminating and information sharing among all staff including locum GPs.
- There had been improvements to the systems for reporting and recording significant events and to ensure learning from these. Staff were aware of their responsibilities.
- Risks to patients were assessed and managed, we saw improvements in relation to infection control, the management of prescriptions, emergency medicines and equipment.
- The practice was reliant on long term locum GPs to deliver the service. However, there were no contracts in place to clarify working arrangement or commitments.
- There were improvements in the way in which best practice was shared and discussed among clinical staff to support the delivery of care.

# Summary of findings

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data showed the practice performed well in terms of patient outcomes overall. However, we identified palliative care as an area for improvement and to ensure patients received timely prescriptions.
- Patient feedback received on the service was mixed. Data from the national GP patient survey was lower than local and national averages across most questions. Improvement was limited and in many areas was lower than the previous patient survey. Feedback from the CQC comment cards was positive overall.
- Information about how to complain was available and easy to understand. Learning from complaints was shared.
- The practice had good facilities and was equipped to treat patients and meet their needs. We saw that there had been some refurbishment of the premises since our previous inspection and better organised.
- We saw improvements in the governance arrangements since our previous inspection. Policies and procedures were being reviewed and made practice specific. However, we were not fully assured that there was sufficient capacity to manage patient information received for timely action.

- However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Consider adding alerts to patients, where appropriate who have direct links to a patient known to be at risk of harm.
- Ensure appropriate sharps bins in place that reflect the needs of the practice.
- Ensure appropriate coding of patients on high risk medicines so that they can be easily identified.
- Ensure contingency arrangements for clinical cover are in place.
- Maintain formal supervision records of support provided for the Advanced Nurse Practitioner.
- Develop care plans to support patients in the management of their long term health conditions.
- Continue to review patient feedback, including feedback from the national patient survey and identify how the service might be further improved.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had made significant improvements to address concerns identified during our previous inspection in November 2016, including the management of incidents, safety alerts, infection prevention and control, prescriptions and emergency medicines and equipment.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- The practice had systems and processes in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had made significant improvements to address concerns identified during our previous inspection in November 2016. This included systems and opportunities for all clinical staff (including locums) to discuss new guidance and audits.
- Data from the Quality Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- There was evidence of some service improvement activity such as clinical audit but this was limited.
- Staff had the skills, knowledge and experience to deliver care and treatment.
- There was evidence of staff appraisals to discuss learning needs and personal development.
- Staff worked with other health care professionals to support the needs of some of the practices most vulnerable patients. However, we identified issues in relation to timely prescriptions for palliative care patients.

### Are services caring?

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

Requires improvement



# Summary of findings

- Data from the latest national GP patient survey (published July 2017) showed patients rated the practice lower than others for several aspects of care. Improvement was limited and in many areas was lower than the previous patient survey.
- Feedback received from CQC comment cards was mostly positive about the service received.
- Information for patients about the services available was easy to understand and accessible. Such as information and support available for carers.
- We saw staff during the inspection treating patients with kindness and respect.

## Are services responsive to people's needs?

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

- The practice engaged with the local Clinical Commissioning Group to secure improvements were these were identified. For example, the practice participated in the CCG led Primary Care Commissioning Framework aimed at improving services and patient outcomes.
- Data from the latest national GP patient survey (published July 2017) showed patients rated the practice lower than others in relation to access. The practice had sought to make changes to improve access including strategies to reduce the number of non-attenders and increase online availability. We saw same day urgent appointments were available.
- The practice had good facilities and was equipped to treat patients and meet their needs. There had been some refurbishment since our previous inspection.
- Information about how to complain was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff at practice meetings.

**Requires improvement**



## Are services well-led?

The practice is rated as good for providing services that are well led.

- The practice had a vision and strategy for the delivery of the service. There was a documented business plan which set out improvements for the practice.
- Since our last inspection the practice had made significant improvements to the governance arrangements which had led to greater involvement from locum staff and management of risks.

**Good**



# Summary of findings

- However, we were not fully assured that the practice had sufficient capacity for the management of patient information including test results, patient discharges, prescriptions. These were solely dealt with by the principal GP who had other work commitments outside this practice.
- There was a clear leadership structure and staff felt supported by management.
- There had been improvements to policies and procedures which were being updated to make them practice specific.
- The practice sought feedback from staff and patients.

# 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 requires improvement for the care of older people. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- Patients over 75 years had a named accountable GP for their care.
- Home visits and telephone consultations were available for those whose health needs meant it was difficult attending the practice.
- Patients had access to the electronic prescription service which enabled them to collect the medication from a pharmacy of choice without needing to attend the practice.
- The practice had systems in place to follow up those with unplanned hospital admissions to review care.
- The practice worked as part of a multidisciplinary team to support those with complex and end of life care needs.
- The premises were accessible to those with mobility difficulties.
- Flu vaccinations were offered to eligible patients.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for people with long-term conditions. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- All clinical staff took responsibility for managing patients with long term conditions. Longer appointment times were available for those who needed them.
- Data available showed patient outcomes for those with long term conditions were comparable to local and national averages overall.
- Performance for diabetes related indicators was showing improvement and was in line with local and national averages. For example, data for 2015/16 showed 68% for patients whose last HbA1c (an indicator of diabetic control) was 64mmol/mol or less in the preceding 12 months compared to the CCG average of 77% and national average of 78%. Data available from the practice 2016/17 (unvalidated) showed the practice was now achieving 74%.

**Requires improvement**



# Summary of findings

- Patients with a long condition were offered a structured annual review to check their health and medicines needs were being met. For those with the most complex needs the practice worked as part of a multidisciplinary team to help meet the patient's care needs.
- The practice was supported by a specialist consultant and diabetes nurse who held monthly clinics at the practice for some of the practice's most complex diabetes patients.
- Some services were available at the practice for the convenience of patients for example, electrocardiographs. A phlebotomist from the local hospital also visited the practice regularly. Patients could also attend other local clinics for this service.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- 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 accident and emergency (A&E) attendances.
- Antenatal and post natal clinics held at the practice.
- Child immunisations rates were relatively high for standard childhood immunisations.
- Appointments with both GPs and nurses were available outside of school hours.
- The premises were suitable for children and babies.

**Requires improvement**



## Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice offered extended opening hours on a Saturday morning for the convenience of patients who worked or had other commitments during normal opening hours.

**Requires improvement**





# Summary of findings

- The practice offered online services (including online appointments and repeat prescriptions). The practice had recently increased the number of online appointments available to try and improve access.
- Text messaging was used to remind patients of their appointments.
- The practice offered a range of health promotion and screening that reflects the needs of this population group. Uptake of national cancer screening programmes was comparable with local averages.
- The practice offered NHS Health checks to patients of working age as well as minor surgery.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- The practice held registers of patients living in vulnerable circumstances such as patients with a learning disability and those with caring responsibilities.
- Alerts on the patient record system alerted staff to vulnerable patients so that they could be prioritised for appointments.
- The practice had signed up to the learning disability enhanced service. Of the 47 patients on the learning disability register seven patients had received an annual health review in the last 12 months.
- Practices most vulnerable patients discussed at multidisciplinary team meetings.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and had training in safeguarding and domestic violence.
- The practice held a carers register, 133 patients (1.6%) of the practice list had been identified as carers which enabled staff to signpost them to support available.
- However, we did identify some delays in the management of prescriptions for patients with palliative care needs, which the practice are investigating for improvement.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement overall. The issues identified which led to this overall rating affected all patients including this population group.

- Nationally reported data for 2015/16 showed that 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG and national average 84%.
- National reported data for 2015/16 showed 87% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was comparable to the CCG average 91% and national average 89%.
- The practice had introduced dedicated days in which patients with dementia were to be given priority for appointments.
- The practice offered dementia screening for and earlier diagnosis and treatment.
- Practice staff had undertaken training in the Mental Capacity Act 2005.
- In house counselling was available for those who would benefit from it.

## Requires improvement



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. A total of 321 survey forms were distributed and 117(36%) were returned. This represented approximately 1.4% of the practice's patient list.

- 64% (which in July 2016 was 66%) of patients described the overall experience of this GP practice as good compared with the CCG of 77% and the national average of 85%.
- 51% (previously 46%) of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.

- 50% (previously 42%) of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 65% and the national average of 77%.

Results from the friends and family test between November 2016 and June 2017 showed 530 out of 815 (65%) respondents said they would be likely or extremely likely to recommend the service to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were mostly positive about the standard of care received. Patients described staff as friendly and caring and some made reference to recent improvements in the practice. There were four negative comment cards which related to access and attitude of staff.

# Swanpool Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a GP specialist adviser and a practice manager specialist adviser.

## Background to Swanpool Medical Centre

Swanpool Medical Centre is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Swanpool Medical Practice is located in purpose built accommodation. An independent pharmacy operates from within the practice building. All clinical services are provided on the ground floor. The practice list size is approximately 8500 patients. Services to patients are provided under a General Medical Services (GMS) contract.

Based on data available from Public Health England, the practice is located in one of the most deprived areas nationally and within the 10% of most deprived areas. The age distribution of the practice population is broadly similar to the national population.

Practice staff consist of the principal GP (male) who undertakes three clinical sessions each week at the practice and four regular long term locum GPs (three male and one female). Other practice staff include an Advanced Nurse Practitioner (ANP), a practice nurse, a practice manager, an IT Manager and a team of administrative / reception staff.

The practice is open Monday to Friday 8 am to 6.30 pm daily. Appointment times were staggered so that they covered the whole day. The first appointment was at 8.30am or 9am depending on the day and the last appointment at 5.50pm. The practice has extended opening hours on a Saturday morning between 9am and 12 noon.

The principal GP, Dr Manivasagam is also the provider of two other practices that contract with Sandwell and West Birmingham CCG: Stone Cross Medical Centre and The Surgery, Clifton Lane. The Surgery, Clifton Lane is currently going through the registration process with CQC. Dr Manivasagam is also the provider of Bean Road Medical Practice part of Dudley CCG.

The practice runs a pain clinic and a minor surgery clinic from the premises which are available for both registered and non-registered patients.

The practice was previously inspected by CQC in November 2016 and was found to be in breach of regulations 12 Safe care and treatment and 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A Warning Notice was issued in respect of regulation 17.

## Why we carried out this inspection

We undertook a comprehensive inspection of Swanpool Medical Centre on 13 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was inspected in June 2016 and was rated as requires improvement overall. We undertook a follow up inspection in November 2016 to see what improvements had been made. We found insufficient improvement had been made and the practice continued

# Detailed findings

to be rated requires improvement overall which included an inadequate rating for providing well led services. Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it is re-inspected no longer than six months after the report is published.

Following the inspection in November 2016 we also issued a warning notice to the provider in respect of regulation 17 good governance and informed them that they must become compliant with the law by 31 May 2017.

This inspection on 13 July 2017 was carried out to ensure improvements had been made and that action had been taken to comply with legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the CCG to share what they knew. We carried out an announced visit on 13 July 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the principal GP, a locum GP, and advanced nurse practitioner, the practice manager, the IT manager and administrative/reception staff)
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how people were being cared for.
- Spoke with a member of the practice's Patient Participation Group.

- Spoke with members of the community health team.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 16 November 2016, we rated the practice as requires improvement for providing safe services. We found the arrangements for reporting and learning from incidents, for managing safety alerts, infection prevention and control, prescription stationery and uncollected prescriptions were not adequate. Risk assessments were not consistently followed up and the emergency medicines and equipment was disorganised.**

**At this follow up inspection on the 13 July 2017 we found these arrangements had significantly improved. The practice had addressed all areas of concern previously identified relating to safe services. The practice is now rated as good for providing safe services.**

### Safe track record and learning

At our inspection in November 2016 we found that the systems for reporting and recording significant events did not support and improve safety in the practice. There was little evidence to show that clinical staff were involved in reporting and sharing incidents and their learning. At this inspection we found there was an increased awareness of incident reporting in the practice among all staff and of evidence of learning shared.

- There was a reporting form available. The incident reporting form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw that there had been ten recorded incidents since January 2017. We looked in detail at two recorded incidents and saw that these had been investigated and action taken. Where a patient had been affected by an incident staff told us that the patient was informed and apologised to but that this had not been formally recorded.
- We saw minutes of clinical and practice meetings in which incidents were a standing agenda item for discussion and to ensure any learning was shared. These meetings were well attended.

- The practice manager had arranged a meeting for the next month to review and discuss any trends identified from incidents. This had not previously been in place.

At our previous inspection in November 2016 we found systems in place for managing safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were not consistently acted on. At this inspection we found improvements had been made and effective systems were now in place. Safety alerts were routinely discussed at the weekly clinical meetings to ensure staff were aware. We reviewed action taken in response to recent safety alerts for example, there had been a batch recall on a medicine used to increase the amount of vitamin D. Patients on this medicine were identified and contacted. Records were maintained of actions taken in response to safety alerts received.

### Overview of safety systems and process

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were in place and accessible staff. There was also a safeguarding board in reception which displayed details of who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the safeguarding lead for the practice. All staff had received training for safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child safeguarding level three. Alerts on the patient record system ensured staff were aware if a patient was at risk, however we noted that this did not include alerts against all who have direct links to a patient known to be at risk of harm. An education session had recently been held at the practice to update clinical staff on domestic violence awareness and the referral process. Information was also displayed in the waiting area which signposted patients at risk of domestic violence to support available. This was available in multiple languages.
- Notices displayed throughout the practice advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS)

## Are services safe?

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 and adults who may be vulnerable).

- At our previous inspection November 2016 we found that the practice did not have effective systems for ensuring appropriate standards of cleanliness and hygiene were maintained. At this inspection we found improvements had been made. There was now a clear lead for infection control who had reorganised the rooms to make cleaning easier. The practice had been visited by the CCG infection control team and had acted on the recommendations made by them. An in-house infection control audit had also been completed to review progress on the CCG recommendations. We saw that there had been some refurbishment to the premises which included repainting, changes to sinks and the replacement and recovering of some of the examination couches. Cleaning schedules were available for the premises and for clinical equipment. We saw clinical wipes were available in the clinical rooms for staff to use for cleaning equipment between use. These had not been available at our previous inspection. Staff had undertaken infection control training updates. However, we did notice appropriate sharps bins were not available for all the needs of the practice
- We reviewed the practice's arrangements for managing medicines, including emergency medicines and vaccines. At our previous inspection in November 2016 we found that the practice did not maintain an accurate audit trail for prescriptions used and there was a lack of clear processes for managing uncollected prescriptions. At this inspection we found improvements had been made. Records were maintained for prescriptions used and clear processes had been put in place for managing uncollected prescriptions which staff regularly checked and returned any to the GP for review. In November 2016 we also identified issues with the recording of medicine fridge temperatures. New records were being kept to record twice daily temperatures and data loggers had been purchased as a backup.
- We discussed patients on high risk medicines which require routine monitoring. The practice told us that they had shared care arrangements in place for managing prescribing for patients on high risk medicines. We found that patients on high risk

medicines had not been coded to enable them to be easily identified. However, clinical staff consistently described appropriate processes and information was recorded as free text in the patient record.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had recently recruited a nurse that had qualified as an independent prescriber. They advised us that they received supervision but that this was not formally recorded.
- We reviewed the recruitment file for a new member of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice was reliant on locum GPs to provide the service. We also looked at a locum file and found appropriate checks were in place however, no contract was available to clarify the locum working commitments.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- At our previous inspection in November 2016 we found weaknesses in the monitoring and management of risks to patient and staff safety. We found the premises were in need of refurbishment. A legionella risk assessment was also in place but recommendations had not been followed up. At this inspection we found improvements had been made and that there had been refurbishment of clinical areas. The legionella risk assessment had been updated and there was evidence that recommendations had been acted on. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had an up to date fire risk assessment and had undertaken fire drills. There was also a control of substances hazardous to health (COSHH) risk assessment in place and relevant safety sheets for products used on the premises.
- Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been completed in April 2017.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

## Are services safe?

to meet patient' needs. The principal GP told us that they were actively trying to recruit salaried GPs and had recently employed an advanced nurse practitioner. There was a rota in place to ensure enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- At our inspection in November 2016, we found the storage of emergency medicines and equipment was disorganised, it was also unclear who checked them and how frequently. At this inspection we found these concerns had been addressed.

- Emergency medicines were available and easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked at random were in date.
- The practice had a defibrillator available on the premises, pads for the defibrillator were in date. The practice also had oxygen with adult and children's masks.
- Records were available to show that the emergency medicines and equipment were regularly checked by staff to ensure they were ready for use when needed.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. There were reciprocal arrangements with another local practice should the premises become unavailable. The plan included emergency contact details for services and staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 16 November 2016, we rated the practice as requires improvement for providing effective services. We found there was little opportunity for discussing evidence based best practice guidance and audit findings.**

**At this inspection on 13 July 2017 we found systems for sharing and discussing best practice guidance had significantly improved and the practice is now rated as good. However, systems were not in place to provide assurance that patient information was managed in a timely way. We received information of concern relating to delays in patients with palliative care needs receiving timely prescriptions.**

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

At our previous inspection in November 2016 there was a lack of clear systems for sharing best practice guidance among clinical staff. At this inspection one of the locum GPs had taken the lead role for learning and development at the practice. We saw evidence of best practice guidance being discussed regularly at the clinical meetings. For example, minutes seen showed topics such as Lipid Management NICE guidelines and Generalised anxiety disorder and panic disorder NICE guidelines had been discussed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were for 2015/16. This showed the practice had achieved 95% of the total number of points available, which was comparable to the CCG and national average of 95%. Overall exception reporting by the practice was 8% compared to the CCG and national average of 10%.

(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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the CCG average and national averages. For example, 2015/16 QOF data showed the practice had achieved 68% for patients whose last HbA1c (an indicator of diabetic control) was 64mmol/mol or less in the preceding 12 months compared to the CCG average of 77% and national average of 78%. Data available from the practice 2016/17 (unvalidated) showed improvement against this indicator with the practice achieving 74%. The practice was supported by a specialist consultant and diabetes nurse who held monthly clinics for some of the practice's most complex diabetic patients.
- Performance for mental health indicator was 98% which was higher than the CCG average of 91% and national average of 93%.
- The practice had a high prevalence of hypertension within its population. Performance for hypertension indicators was comparable to CCG and national averages. For example, 79% of patients with hypertension had a blood pressure reading of 150/90 mmHg or less (as measured in the preceding 12 months) compared to the CCG average of 82% and the national average of 83%.

The practice had a recall system for patients on long term condition registers. The practice employed an IT manager to help identify patients due for their annual reviews.

At our previous inspection in November 2016 we found some evidence of quality improvement such as clinical audit but these did not demonstrate how they were supporting service improvement. At this inspection the practice shared with us two recent audits that had been undertaken within the last 12 months, one of these was full cycle where the improvements made were implemented and monitored. This related to appropriate prescribing of patients on anti-blood clotting medicine used in acute coronary syndromes. We saw the finding from this audit had been shared at the clinical meetings

# Are services effective?

## (for example, treatment is effective)

The practice also shared with us a minor surgery audits which reviewed appropriateness of referral, infection and patient satisfaction. No concerns were identified.

Antibiotic and hypnotic prescribing at the practice was in line with other practices locally and nationally.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. One recently recruited member of staff told us they came in for a few sessions to familiarise themselves before officially starting.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing 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 received annual appraisals in which their learning needs were discussed.
- Staff had access to and made use of e-learning training modules and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance.
- The Advanced Nurse Practitioner told us that they had access to medical support and that records were reviewed by the principal GP although this was not formally documented.
- We saw that staff received protected learning time and educational sessions for example a speaker at the local mental health trust had attended the practice to discuss the Mental Capacity Act.

### Coordinating patient care and information sharing

At our previous inspection in November 2016 we raised issues around the effectiveness of the working arrangements with the community health teams. In particular around palliative care.

The information needed to plan and deliver care and treatment was available to staff through the practice's patient record system and their intranet system. The principal GP took sole responsibility for acting on patient correspondence, test results and prescription requests. Patient information received was seen and acted on by the

principal GP before being scanned on to the system. Correspondence into the practice was not routinely date stamped. The provider assured us that despite there being 8500 patients registered at the practice they were able to appropriately manage and monitor all incoming correspondence. At the time of the inspection we were advised that all correspondence had been actioned. As part of the inspection we had been alerted to prescription delays for patients requiring palliative care medicines. This was also raised at our previous inspection in November 2016. Following the inspection, we asked the practice to raise this as a significant incident, which they have done to identify how this might be improved.

Staff told us that there was currently no backlog of referrals and records were maintained of referrals made.

Staff told us that they followed up patients who had an unplanned admission with a call and if necessary face to face appointment.

We saw that multi-disciplinary meetings regularly took place at the practice with other health care professionals to review the care of the practice's most vulnerable patients such as those with complex and end of life care needs. We spoke with three members of staff from the community health team that worked closely with the practice. They told us that there had been some improvements in the practice for managing do not attempt resuscitation (DNARs) orders.

The practice manager advised us that they had organised a palliative care training session for staff.

### Consent to care and treatment

At our previous inspection in November 2016 we found staff did not have a good understanding of relevant consent and decision-making requirements including the Mental Capacity Act 2005 and in relation to young people and children. At this inspection we found there was a better understanding among staff we spoke with. Practice staff told us that they had received a training session on the Mental Capacity Act. We received feedback from community staff that there had been improvements to the management of DNARs.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice provided some lifestyle support. For example, patients who would benefit were referred to external support for help with smoking cessation and dietary advice. A patient information screen had been installed in the waiting area which displayed health information.

The practice's uptake for the cervical screening programme (2015/16) was 81%, which was comparable to the CCG average of 80% and the national average of 81%. There was a system for ensuring results were received for samples sent for the cervical screening programme and for following up patients who did not attend.

The uptake of national screening programmes for bowel and breast cancer screening were comparable to the CCG average but lower than national averages. For example:

- 68% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 65% and the national average of 73%.
- 46% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and national average of 58%.

There was a notice in the waiting room promoting bowel cancer screening.

Data available for 2015/16 on childhood immunisation rates for vaccinations given to under two year olds were all above the national standards of 90%. Childhood immunisation rates for the MMR vaccinations given at 5 years were also above the CCG and national averages. For example: uptake of dose one MMR was 98% compared to the CCG and national average of 94%. Uptake of dose two MMR was 95% compared to the CCG average of 86% and national average of 88%.

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 and for the over 75 year olds. The practice told us that they had undertaken 201 health checks since January 2017 on patients aged 40 to 74 years.

The practice offered patients with a learning disability the opportunity of a health review. In the last 12 months these had been received by seven patients out of the 47 patients with a learning disability registered with the practice. The practice told us that 42 out of the 47 patients had been seen at some point during the last 12 months.

# Are services caring?

## Our findings

**At our previous inspection on 16 November 2016, we rated the practice as requires improvement for providing caring services. We found data from the GP national patient survey (published July 2016) rated the practice lower than others for several aspects of care. There were no action plans in place to address the below average scores.**

**At this inspection we reviewed data from the GP national patient survey (published in July 2017). We found the practice was still rated lower than others for several aspects of care. There had been limited improvement since the previous national patient survey and in several areas scores had declined. Patient involvement in care planning was not evident. The practice therefore remains as requires improvement for providing caring services.**

### Kindness, dignity, respect and compassion

During the inspection we observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations, conversations taking place in these rooms could not be overheard.
- Staff knew that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice displayed in reception advising patients of this.
- The practice continued to use grills at the reception desk which they told us was due to incidents of threatening behaviour toward staff.

We received 15 Care Quality Commission cards and spoke with a member of the patient participation group. Of those 11 were positive about the service experienced. They described staff as helpful and friendly, four patients commented positively on improvements made to the practice over the last year such as the employment of the Advanced Nurse Practitioner and appointments getting easier to make. The four negative comments related to various issues including access and staff attitude.

Results from the national GP patient survey (published in July 2017) showed some improvement in practice scores since the previous national patient survey. However, scores were still below the CCG and national averages in many areas of patient satisfaction. There had also been areas where practice scores had declined including the GP giving the patient enough time and helpfulness of reception staff.

- 80% (previously 73%) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 73% (previously 77%) of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 97% (previously 86%) of patients said they had confidence and trust in the last GP they saw compared to the CCG of 93% and the national average of 95%.
- 77% (previously 70%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 85% (previously 87%) of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 85% (previously 85%) of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 92% (previously 91%) of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 83% (previously 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 85% national average of 91%.
- 65% (previously 74%) of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

The latest national GP patient survey data had only just been published at the time of our inspection and therefore the practice had not had chance to respond. However, the practice shared with us an action plan from the previous patient survey in 2016 but it was not clear whether this had been completed as no dates or responsible persons had been identified. The practice had carried out their own

# Are services caring?

in-house survey of 25 patients during May and June 2017. From this survey no patients said they found the practice uncaring and 4% said that they did not feel listened to or have enough time.

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

We asked to see some examples of care plans for example, for patients with respiratory conditions and diabetes, although there was evidence of annual reviews and information recorded in patient notes there were no formal care plans in place which brought the information together with evidence of emergency planning and patient involvement.

Patient feedback from the 15 CQC comment cards did not raise any concerns relating to patient involvement in decisions about their care and treatment although one patient said they felt rushed.

Results from the national GP patient survey (published in July 2017) showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages. There had been no improvement since the previous national GP patient survey published in July 2016 for GP. For example:

- 77% (previously 80%) of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 60% (previously 69%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG of 76% and national average of 82%.
- 76% (previously 84%) of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 96% and the national average of 90%.
- 71% (previously 79%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

The latest national GP patient survey data had only just been published at the time of inspection and therefore the practice had not had chance to respond. The practice shared with us an action plan from the previous patient survey in 2016 but it was not clear whether this had been completed.

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

- Staff told us that translation services were available for patients who did not have English as a first language. A notice in reception alerted patients to that this was available.
- A hearing loop was available for patients with a hearing impairment.
- Easy read information was available to support and encourage patients to attend for cervical screening.
- 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).

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

Patient information leaflets and notices were displayed in the waiting areas which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. A television in the waiting room had recently been installed which provided health information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 133 patients as carers (1.6% of the practice list). This was an increase of 30 patients since our previous inspection in November 2016. There was a dedicated carers board which provided information to direct carers (including young carers) to the various avenues of support available. Practice staff told us there were dedicated days for carers and dementia patients in which priority of appointments was given.

The practice had a bereavement pack which it could refer patients to support available. Practical advice was also available on the practice's website.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 16 November 2016, we rated the practice as requires improvement for providing responsive services as feedback received from patients told us that they did not always find it easy to make an appointment.**

**At this inspection we reviewed data from the GP national patient survey (published in July 2017). While we saw that the practice was taking action to address some of the issues relating to access to appointments the practice was still rated lower than others locally and nationally overall. In several areas scores had declined. The practice therefore remains requires improvement for providing responsive services.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: The practice was participating in the primary care commissioning framework led by the CCG aimed at improving services and patient outcomes as well as delivering consistency in primary care services. The practice advised us to previous heavy industry in the area there was a higher prevalence of respiratory diseases and heart disease than nationally in the area.

- The practice offered extended hours on a Saturday between 8.45am and 12 noon for working patients and those with other commitments that meant they could not attend during normal opening hours.
- There were longer appointments available for patients, if needed.
- Home visits were available for those whose clinical needs resulted in difficulty attending the practice and we saw records of recent home visits. Most but not all the locum GPs undertook home visits.
- Practice staff told us that they had dedicated priority appointments for patients with dementia or carers.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS. Patients who required travel vaccines available privately were signposted to other clinics.

- There were accessible facilities for patients with mobility difficulties and space for wheelchairs. Although the main doors were not automated there was a doorbell that alerted staff to anyone needing assistance.
- The practice made use of interpretation services. A hearing loop was also available.
- 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. Patients were made aware of this in the waiting area.
- Baby changing facilities were available and a notice was displayed offering a breast feeding friendly service.
- Patients with complex diabetes needs were able to be seen by a specialist consultant or diabetic nurse at the practice. These clinics were held on a monthly basis.
- Services such as electrocardiographs (ECGs) were available in-house for the convenience of patients. A hospital phlebotomist (someone who takes blood) undertook a session once a month at the practice. Counselling services were also available at the practice.
- Other services available at the practice included a minor surgery and pain clinic.

### Access to the service

The practice was open Monday to Friday 8 am to 6.30 pm daily. Appointment times were staggered so that they covered the whole day. The first appointment was at 8.30am or 9am and the last appointment at 5.50pm. The practice had extended opening hours on a Saturday morning between 8.45am and 12 noon. When the practice closed patients were able to access an out of hours service through the NHS 111 telephone number.

Appointments could be booked up to a week in advance. Same day urgent care appointments were also available. Once these were filled patients could receive at minimum a call back from a GP.

Results from the national GP patient survey (published July 2017) showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. There was also limited improvement in practice scores since the previous national patient survey (published in July 2016). Telephone access to make an

# Are services responsive to people's needs?

## (for example, to feedback?)

appointment and waits to be seen were among the lowest scores. Although there was a significant improvement in the proportion of patients who said they were able to get an appointment.

- 65% (previously 58%) of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 37% (previously 40%) of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%.
- 73% (previously 42%) of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 64% (previously 79%) of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 51% (previously 46%) of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 23% (previously 25%) of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Feedback from patients through our CQC comment cards showed two out of the 15 patients who responded said making an appointment was difficult. One patient said it was easier with online appointments.

Practice staff told us about some of the improvements they had made to try and improve access to appointments. At our previous inspection in November 2016, the practice had reviewed the high number of patients who did not attend and had changed the length of advance appointments bookings from two weeks to one week which had led to a reduction in non-attendances. At this inspection the number of online appointments had been doubled, to help reduce the pressure on telephones. In addition two reception staff were allocated to respond to phone calls and one receptionist to manage walk in patients at peak times. Practice staff also told us that they

had applied for funding to change the telephone system which they hoped would happen in September 2017. The new telephone system would allow them to audit call frequency and waiting times.

At this inspection the practice had carried out an audit of waiting times which found average waiting times had reduced from 15.8 minutes in October 2016 to 10.7 minutes in June 2017.

We saw that the next available routine GP appointment was within three working days and the same day for an appointment with the Advanced Nurse Practitioner.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. 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 patients were advised to call for an ambulance.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available on request to take away which contained details about expected timescales for a response to their concern and what to do if they were not happy with the response received. Information about how to raise a complaint was also included in the practice leaflet.

The practice had received 14 complaints since our last inspection in November 2016 (these included formal written complaint as well as verbal complaints). We looked at one of the complaints in detail and found it had been followed up in a timely manner. The patient received an apology and information about action taken.

Lessons were learned from individual concerns and complaints. These were discussed as a standing agenda item in the practice meetings.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 16 November 2016, we rated the practice as inadequate for providing well-led services as the governance arrangements were not effective in managing risks to the service and patient safety; the practice did not have effective systems for sharing and disseminating information with all staff groups; policies and procedures were not practice specific to support the delivery. At the time of this inspection there had been little improvement from the inspection in June 2015. We issued a warning notice in respect of these issues.**

**At this inspection on the 13 July 2017 we found governance arrangements had significantly improved and the practice is now rated as good for providing services that are well-led.**

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. This practice had a written business plan which set out the practice's achievements and future plans. The practice had a mission statement which was displayed in the waiting area.

The principal GP told us that they were a board member of the Sandwell Health Partnership, a federation of 33 other practices with the aim of bringing services locally for patients in primary care. One of the aims is to deliver seven day per week opening.

The practice had recently recruited a new practice manager and Advanced Nurse Practitioner to help deliver the service. Both had been instrumental in helping to improve the governance of the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the service.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice policies and procedures were being updated to make them practice specific.
- The practice had a good understanding of its performance and performed well against QOF achieving

95% for 2015/16. The practice told us that this had improved to 97% for 2016/17 (unvalidated data). The practice had also achieved 95% against the CCG led Primary Care Commissioning Framework.

- We saw improvements since our previous inspection in the arrangements for identifying, recording and monitoring risks. For example, in relation to infection control and risks to the premises.
- Weekly Clinical meetings with regular attendance from locum staff ensured important information was shared and discussed to support action to manage risk and share learning for example, safety alerts, incidents and best practice guidance.
- The practice manager was in the process of setting up a bi annual review to discuss any trends from incidents and complaints which had not previously been in place.

### Leadership and culture

The practice leadership consisted of the principal GP and practice manager. Both had recently undertaken a leadership course. We saw that there had been significant changes and improvements to the organisation of the practice to support the delivery of care, including greater involvement of clinical staff. However, the provider did not demonstrate that their workforce model had considered the management and monitoring of clinical correspondence to ensure an effective and sustainable system was in place. Practice staff told us that they felt supported and had regular team meetings. All staff were involved in discussions about the practice. The practice had also recently held a team building event.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). A culture of openness and honesty was encouraged. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and apology.
- The practice kept written records of interactions.

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

The practice encouraged and valued feedback from patients and staff.



# Are services well-led?

Good 

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

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. Minutes seen showed there had been two meetings held in the last 12 months. From the minutes of meetings seen we saw that they had enabled the practice to share information about practice developments. There were no specific examples of how patients had influenced change in practice. One member suggested that the group would benefit from clear terms of reference. There was information on the practice website and in the waiting room encouraging patients to join the group.
- The practice had also obtained feedback from patients through a suggestion box and the friends and family test. Results from the friends and family test between November 2016 and June 2017 showed 530 out of 815 (65%) respondents said they would be likely or extremely likely to recommend the service to others.
- Although significant improvements had been made to the governance arrangements. Patient satisfaction was still lower overall than other practices locally and nationally
- The practice gathered feedback from staff through staff meetings, appraisals and general discussion. Staff had been encouraged to support improvements that had been made to the practice since our previous inspection.

## Continuous improvement

We did not identify any specific areas of innovation in the delivery of services at the practice.