

Wordsley Green Health Centre

Quality Report

Wordsley Green
Wordsley
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West Midlands
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wordsley Green Health Centre on 10 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed. However, we saw that the practice had not obtained references for a GP who was previously a registrar at the practice and had only one reference for a non-clinical member of staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns raised with the practice.
- Patients said they found it easy to make an appointment and that the last time they got an appointment it was convenient. We saw that urgent appointments were available the same day. Data showed that 94% of patients found the receptionists at the surgery helpful.
- The practice had good facilities and was well equipped to treat patients and meet their needs. All staff received annual basic life support training and there were emergency medicines available in the treatment room. We were told that staff took part in regular 'skill drills' which were mock emergencies that staff responded to.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- We saw that information and orientation packs were available for locums and GP registrars. Locum workloads were reviewed before the practitioner left the practice and they would sign to confirm they had completed all tasks, including referrals.

We saw one area of outstanding practice:

- We saw that safeguarding was a priority for the practice and the systems and processes for keeping people safe were comprehensive and embedded within the team. For example, the GPs reviewed the notes of all newly registered children within 24 hours of their registration. This had identified safeguarding issues which were acted upon. We saw evidence that when patients at the practice were struggling with health or social care issues the practice would ‘think

family’ and review how other members of the family were also affected. The practice also held six weekly safeguarding meetings with a number of relevant professionals and held a log of all safeguarding issues which were regularly reviewed.

The areas where the provider should make improvement are:

- The partners should formalise the process for supporting salaried GPs and ensure that they are offered regular, documented appraisals.
- The practice should continue to attempt to obtain two references for each newly recruited member of staff in line with the practice policy.
- The practice should implement an effective system to monitor and manage prescriptions which are not collected from reception by patients who have requested them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written personal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Safeguarding was a priority for the practice and the clearly defined systems and processes for keeping people safe and safeguarded from abuse were comprehensive and embedded within the team.
- Risks to patients were assessed and well managed. However, the practice had not obtained references for a GP who was previously a registrar at the practice and had been unable to obtain more than one reference for a non-clinical member of staff. All other checks to ensure the safe recruitment of staff were in place and staff were supported and monitored throughout their probationary period.
- Prescription stationery was securely stored and there was a clear system in place to track and monitor the use of prescription pads used for home visits and for prescription stationery in printers. However, during our inspection we found that the practice did not follow an effective system to monitor and manage any uncollected prescriptions. The practice said they would implement a system for this.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the practice had achieved 100% of the points available. However exception reporting was 13% which is higher than the 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).

Good



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. For example, a regular audit was carried out into the care of patients who had recently died. The purpose of the audit was to review the care of the person and to review if care and treatment was appropriate or could be improved upon.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for the majority of staff.
- Staff worked closely with a wide range of other health care professionals to understand and meet the range and complexity of patients' needs, including school nurses and mental health professionals.
- The practice had implemented a patient centred 'one stop' approach to the review of long term conditions. Patients with several health issues would be reviewed in one single appointment tailored to meet individual patient needs. This allowed a review of multiple issues to take place at the same time without the need for patients to attend further appointments.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to other for most aspects of care. For example, 84% of patients said that the last time they saw or spoke to a GP they were good at treating them with care and concern, which was the same as the clinical commissioning group (CCG) average and comparable to the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was a wide range of information for patients about the services available which was easy to understand and accessible. Patient information boards were informative and relevant to the patient group.
- We saw staff treated patients in with kindness and respect, and maintained patient and information confidentiality.
- We saw evidence that when patients at the practice were struggling with health or social care issues the practice would

Good



Summary of findings

'think family' and review how other members of the family were also affected. We were told of referrals that had been made to additional agencies to assist individuals and their families to manage in times of need.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Dudley CCG to secure improvements to services where these were identified. The practice had implemented and managed a community gynaecology and community vasectomy service at the surgery for a number of years. This was highly valued by patients.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had considered and implemented the NHS England Accessible Information Standard to ensure that patients with additional needs received information in a format that they could understand and received appropriate support to help them to communicate.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw that medical emergencies which occurred in the practice on the day of our inspection were managed in a calm, responsive and caring manner.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt very supported by the partners, GPs and practice manager who were described as approachable and caring. Several staff said they were proud to work at the practice.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff through e-mail and regular meetings to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was well established and worked closely with the staff to improve the environment and sharing of information regarding the services that were available to patients.
- There was a strong focus on development, continuous learning and improvement at all levels. A number of staff were undertaking additional vocational training courses and the GPs supported GP trainees (fully qualified doctors in training to become GP's).
- All staff with the exception of salaried GPs had regular, documented appraisals. Salaried GPs underwent annual medical appraisals and regular undocumented discussions with the partners. The practice said they would carry out regular documented appraisals for all staff in future.
- We saw that information and orientation packs were available for locums and GP trainees. Locum workloads were reviewed before the practitioner left the practice and they would sign to confirm they had completed all tasks, including referrals.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable and in some cases better than CCG and national averages. For example, 96% of patients diagnosed with heart failure and atrial fibrillation had their risk of stroke assessed (CCG average 90%, national average 94%). Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.
- We saw evidence of care plans for older people and advance care planning was also encouraged for patients with palliative care needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with diabetes were comparable to CCG and national averages. For example 92% of patients on the diabetes register, had a record of a foot examination and a risk classification within the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- The practice had adopted the local CCG long term conditions (LTC) framework and template for reviewing patients with LTC. The practice had implemented a patient centred 'one stop' approach to the review of LTC where patients with several health issues would be reviewed in one single appointment tailored to meet individual patient needs.
- We received data from the CCG which demonstrated how the practice was performing across areas of the local framework; the data presented showed that generally the practice was

Good



Summary of findings

within the expected threshold for each indicator, although some results were low. We were told that this was monitored by a partner at the practice; however, full annual results were not available.

- Longer appointments were available when needed. Home visits were offered for acutely unwell, housebound and complex patients by both GPs and the nurse practitioner.
- All these patients had a named GP and a structured review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP and advanced practitioner 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.

- There were comprehensive systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. For example, the practice had a Teenagers Confidentiality policy which aimed to support young people in their right to exercise choice of medical treatment.
- Data from the quality and outcomes framework (QOF) showed that the percentage of women aged 25 or over whose notes record that a cervical screening test has been performed in the preceding 5 years was 80%, compared to the CCG average of 78% and the national average of 81%.
- Appointments with GPs and nursing staff were available outside of school hours and the premises were suitable for children and babies.
- We saw excellent examples of how children and vulnerable people were kept safe at the practice. GPs at the practice reviewed the notes of all newly registered children within 24 hours of their registration. This had identified safeguarding issues which were reviewed and acted upon. The practice held comprehensive six weekly safeguarding meetings with a number of relevant professionals including midwives, health visitors and school nurses and kept a log of all issues which were causing concern.

Good



Summary of findings

- The practice offered contraceptive and family planning services. A community gynaecology clinic and a community vasectomy clinic had been established by clinicians at the practice which could be accessed by all patients registered within the CCG.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients could see GPs and nursing staff during extended hours clinics.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Data showed that 27% of patients had signed up for on line services and SMS text messages were sent to remind patients of their appointment.

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. The local traveller population would be contacted by telephone to remind them of reviews and appointments and immunisations and reviews were offered opportunistically, if necessary, when they attended the surgery.
- The practice offered longer appointments for patients with a learning disability. These patients were sent easy read letters and an easy read health document was completed at review appointments. 100% of patients with a learning disability had attended their annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Patients who were identified as at risk of an unplanned admission would be contacted within 48 hours of their discharge from hospital and a visit undertaken if appropriate.
- The practice offered a 'bypass telephone number' to the care homes they supported, district nurses and paramedics to enable those who urgently needed care timely access to the surgery.

Good



Summary of findings

- The practice informed vulnerable patients, including carers, how to access various support groups and voluntary organisations.
- Staff had attended additional in house training and were very aware of how to recognise signs of abuse in vulnerable adults and children. Staff were well supported by a GP with a specialist interest in safeguarding and were knowledgeable regarding their responsibilities when sharing information, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Data showed that 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 82% and the England average of 84%.
- Outcomes for patients with mental health issues were comparable to, or better than, CCG and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record. (CCG average 69%, national average 89%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Nursing staff used a dementia screening tool and template to identify patients at risk.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Patients could be referred to a mental health professional situated within the same building.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and England averages. Data showed that 248 survey forms were distributed and 113 were returned. This represented a response rate of 46% which was better than the England average of 38% and equated to 3% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good which was the same as the CCG and national average.
- 70% 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 78% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, 27 of which were positive about the standard of care received. Staff were described as excellent, courteous and helpful. Numerous patients commented on how much they valued the service. One comment card contained positive comments but also noted that it was sometimes hard to make an appointment. A further card noted that the patient felt they had waited too long in the surgery to see the GP.

We spoke with one patient during the inspection, who said they found it easy to make an appointment. A patient survey undertaken by the practice in 2016 showed that 89% of patients found the practice opening hours good or excellent.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Results from the NHS choices website showed that of 234 responses, 88% of those patients would be likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The partners should formalise the process for supporting salaried GPs and ensure that they are offered regular, documented appraisals.
- The practice should continue to attempt to obtain two references for each newly recruited member of staff in line with the practice policy.
- The practice should implement an effective system to monitor and manage prescriptions which are not collected from reception by patients who have requested them.

Outstanding practice

We saw one area of outstanding practice:

- We saw that safeguarding was a priority for the practice and the systems and processes for keeping people safe were comprehensive and embedded within the team. For example, the GPs reviewed the notes of all newly registered children within 24 hours of their registration. This had identified safeguarding

issues which were acted upon. We saw evidence that when patients at the practice were struggling with health or social care issues the practice would 'think family' and review how other members of the family were also affected. The practice also held six weekly safeguarding meetings with a number of relevant professionals and held a log of all safeguarding issues which were regularly reviewed.

Wordsley Green Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Wordsley Green Health Centre

Wordsley Green Health Centre is located at Wordsley Green, Wordsley, Stourbridge, West Midlands, DY8 5PD. The practice is situated within a purpose built building with disabled facilities and car parking available.

The practice provides services for 9,774 patients and is situated within Dudley Commissioning group (CCG) and is contracted to provide primary medical services under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as extended hours provision, childhood immunisations and facilitating timely diagnosis and support for people with dementia.

There is a slightly lower than average number of patients aged 39 and under and there are more patients aged between 45 and over than the England average. The national general practice profile shows that the practice population is predominantly white British with only 3% of

the practice population from a south Asian, mixed background, black or non-white ethnic group, compared to an average of 12% of people within the CCG, (2011 Census figure for England).

The practice has two GP partners, one male and one female and four salaried GPs, three of whom are female. The practice also employs one nurse practitioner, four part time practice nurses, all of whom are female and is supported by a pharmacist from the CCG. The clinical team is supported by a practice manager and a team of administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Lower than average numbers of patients are unemployed.

The practice reception was open between 8am and 6.30pm Monday to Friday. Appointments were between the hours of 7.25am and 8pm on a Monday, 7.25am and 7.30pm on a Tuesday, 8am until 6.30pm on a Wednesday and Friday and from 8am until 7pm on a Thursday.

When the surgery is closed patients are advised of the NHS 111 service for non –urgent medical advice and are directed to an out of hours service based at the local hospital.

Wordsley Green Health Centre is a registered training practice which supports GP Trainees (fully qualified doctors in training to become GP's).

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Dudley Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided both before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey data and the NHS Friends and Family Test (FFT).

We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, two nursing staff, one member of non-clinical staff and a GP registrar.
- Observed how patients were being cared for and treated in the reception area.
- Spoke with two members of the PPG and one patient in the waiting area.

- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed 29 comment cards where patients shared their views and experiences of the service.
- We reviewed meeting minutes where complaints, significant incidents and medical alert updates were discussed.
- We reviewed 17 questionnaires which had been completed by a range of nursing and non-clinical staff before our visit.

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written personal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and shared these with the team.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient did not receive an expected hospital appointment, changes were made to the referral process. GPs were asked to immediately print the referral and hand this to admin staff as well as tasking them through the computer system. Regular searches of the referrals were also put in place to ensure that they were not missed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 GP with a special interest in safeguarding who ensured that the team were well

informed, trained and clearly understood their responsibilities. The GP attended case conferences, serious case reviews and safeguarding meetings and always provided reports where necessary for other agencies. GPs and nurses were trained to child protection or child safeguarding level 3 and all staff had attended additional training and information giving sessions regarding this issue. The practice held a 'safeguarding log' of all cases causing concern which was regularly reviewed and also hosted a six weekly multi-disciplinary safeguarding meeting where concerns were raised and discussed. Attendees included midwives, school nurses and health visitors.

- 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. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Regular audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, for example the practice had replaced a number of examination couches within the surgery.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw that the practice had recently experienced a variety of issues with their vaccine refrigerators and that these were well managed with support sought from the relevant agencies where necessary.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, during our inspection we found that the practice did not have an effective system

Are services safe?

to monitor and manage any uncollected prescriptions. The practice said they would implement a system for this. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that there was a spread sheet in place to monitor their review. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment with the exception of references. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice had not obtained references in accordance with their policy and good practice for a GP who was previously a registrar at the practice and had only one reference for a non-clinical member of staff. We saw that induction programmes were closely supported and monitored during probationary periods and that proof of identification and DBS were available for these individuals.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and alarm testing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, infection prevention and control and legionella (Legionella is a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Administration staff were allocated a buddy with similar skills, these two staff did not plan to take time off together to ensure continuity of care.

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 all the consultation and treatment rooms which alerted staff to any emergency. Two medical emergencies took place on the day of our inspection which were responded to appropriately in a calm and professional manner.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. We were told that staff took part in regular 'skill drills' which were mock emergencies that staff responded to.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- The practice had systems in place 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 Dudley Clinical Commissioning Group long term conditions framework, 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).

For the purpose of this report the QOF results are used.

The most recent published results were 100% of the total number of points available with 13% exception reporting compared to the national average of 10% and the CCG average of 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients, on the register, whose last measured total cholesterol was within a normal range (5 mmol/l or less) was 77%. (CCG and national average 80%.)
- Performance for mental health related indicators was comparable or in some cases higher than the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder

and other psychoses who had a record of their alcohol consumption in the preceding 12 months was 98% compared to the CCG average of 77% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. We reviewed two audits in detail that were completed two cycle audits and saw that improvements were made, implemented and monitored. A two cycle audit of patients with a diagnosis of atrial fibrillation identified six patients where their risk of stroke was reduced due to the actions taken.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a regular audit was carried out into the care of patients who had recently died. The purpose of the audit was to review the care of the person and to review if care and treatment was appropriate or could be improved upon.
- Nursing staff also participated in audit and these included a review of handwashing techniques and an audit of cervical smear test results.

Effective staffing

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

- The practice had a relevant induction programme for all newly appointed staff, GP registrars and locum GPs. This covered such topics as safeguarding, infection prevention and control, fire safety, and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff had developed specific roles and competencies in areas such as diabetes and asthma care and supported each other to deliver joined up care for patients.
- 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

Are services effective?

(for example, treatment is effective)

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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All non-medical staff had received an appraisal within the last 12 months. Salaried GPs had annual medical appraisals and regular undocumented discussions with the partners. The practice said they would carry out regular documented appraisals for all staff.
- Staff received training that included: comprehensive safeguarding training, chaperone training, 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had implemented a patient centred 'one stop' approach to the review of long term conditions. Patients with several health issues would be reviewed in one single appointment tailored to meet individual patient needs. This allowed a review of multiple issues to take place at the same time without the need for patients to attend further appointments.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Regular meetings took place with other health care professionals such as specialist nurses, health visitors and midwives when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. This was supported by a Teenage Confidentiality policy.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care and those patients with an admission avoidance care plan were discussed at monthly multi-disciplinary team meetings which included specialist community nurses and mental health support workers.
- Patients requiring advice on their diet, smoking, alcohol cessation and exercise were reviewed by the nursing team and signposted to additional relevant services when necessary. Patients could also be seen by community staff within the building including podiatrists, physiotherapists and mental health professionals.
- The practice had identified 258 carers (3% of the patient list) after highlighting this issue with staff and patients in summer 2016. The nurse practitioner was the dedicated lead for carers and this information was used to signpost individuals to support groups and offer flu vaccinations.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Are services effective? (for example, treatment is effective)

how they encouraged uptake of the screening programme by using information in different languages and for all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place 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.

Childhood immunisation rates for the vaccinations given were above national standards. For example, the percentage of children at aged one year with a full course of recommended vaccines was 96% which is above the national standard of 90%.

The percentage of five year olds at the practice who received both doses of the MMR vaccine was 95% compared to the CCG average of 93% and the national average of 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40 to 74 and also health checks for those aged 75 and over. 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

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This room could also be used by mothers who may wish to breast feed their baby.
- Following concerns raised by a patient that discussions at the reception desk could be overheard, the practice had erected a small screen which afforded patients additional privacy.

Of the 29 patient Care Quality Commission comment cards we received, 27 were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the established patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and felt that their views were listened to and respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time which was the same as the national average and comparable to the CCG average of 88%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average and comparable to the national average of 85%.
- 86% 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 the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

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 in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the national average and similar to the CCG average of 81%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care which was the same as the national average and similar to the CCG average 84%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A hearing loop was also available.
- Health Information leaflets were available in the waiting area and patient information boards were up to date, eye catching and relevant to the population.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 258 patients as carers (3% of the practice list). This information was used to

offer flu vaccinations to carers and offer support and make referrals to other agencies where necessary. Written information was also available to direct carers to the various avenues of support available to them.

We saw evidence that when patients at the practice were struggling with health or social care issues, the practice would 'think family' and review how other members of the family were also affected. We were told of numerous referrals that had been made to additional agencies to assist individuals and their families to manage in times of need for example to local carer support service.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered an appointment if one was needed 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.

A regular audit was also carried out into the care of patients who had recently died. The purpose of the audit was to review the care of the person and to review if care and treatment was appropriate or could be improved upon.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Dudley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an extended hours service on a Monday, Tuesday, and Thursday.
- There were longer appointments available for patients with a learning disability, vulnerable patients and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day priority appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive a range of travel vaccinations available on the NHS.
- The practice was compliant with the Disability Discrimination Act and there were disabled facilities, a hearing loop and translation services available.
- From 31 July 2016, all organisations that provide NHS care were legally required to follow the Accessible Information Standard, which aimed to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and can communicate effectively with health and social care services. The practice had run a campaign in 2016 to identify patients to whom this applied and used patient notes to highlight those who may be in need of additional support.
- The practice had implemented and managed a community gynaecology and community vasectomy service at the surgery for a number of years. On-going patient questionnaires showed that the service was highly valued by patients.
- We saw that two medical emergencies which occurred in the practice on the day of our inspection were managed in a calm and responsive manner.

Access to the service

The practice reception was open between 8am and 6.30pm Monday to Friday. Appointments were between the hours of 7.25am and 8pm on a Monday, 7.25am and 7.30pm on a Tuesday, 8am until 6.30pm on a Wednesday and Friday and from 8am until 7pm on a Thursday.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them with a GP or the nurse practitioner.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours which was comparable to the CCG average of 77% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary. Requests for visits would be triaged by the nurse practitioner or a GP.
- Reception staff would alert clinicians to the urgency of the need for medical attention when necessary.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and we saw evidence to confirm this.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a pack which detailed who to contact.

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

We looked at 17 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Patients received an explanation and a personal apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a

result to improve the quality of care. For example, when a complex patient complained that reception staff were unable to understand their appointment needs, the practice reviewed the patients' care and an alert was added to the notes detailing that they required a longer appointment at all times.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice team had developed a mission statement which was displayed in the waiting areas and staff offices and staff knew and understood the values.
- The practice had a business plan which reflected the vision and values and this was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was a strong focus on development, continuous learning and improvement at all levels and a number of staff were undertaking additional vocational training courses. All staff with the exception of salaried GPs had regular, documented appraisals. Salaried GPs had annual medical appraisals and regular undocumented discussions with the partners. The practice said they would carry out regular documented appraisals for all staff.
- Practice specific policies were implemented and were available to all staff. Staff had signed to say that they had read and understood the policies on induction and when updating training.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they would always consider the whole family

during consultations and prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. We saw evidence of comprehensive meeting minutes in most cases but discussed with the practice that the meeting minutes from the regular multi-disciplinary meeting could be more comprehensive and representative of the matters discussed.
- Staff told us there was an open, supportive and respectful culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Several staff said they were proud to work at the practice.
- We saw that information and orientation packs were available for locums and GP registrars. Locum workloads were reviewed before the practitioner left the practice and they would sign to confirm they had completed all tasks, including referrals.

Seeking and acting on feedback from patients, the public 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 encouraged and valued feedback from patients, the patient participation group, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the established patient participation group (PPG) and through surveys and complaints received. The PPG held regular meetings which were attended by the practice staff and had carried out bi-annual patient surveys, submitting proposals for improvements to the practice management team. Improvements to the service suggested by the PPG included new improved, clear signage to orientate patients around the building.
- The PPG held regular coffee mornings in the practice which were advertised in local shops to encourage people to join their group and signpost patients to support when necessary.
- The practice had gathered feedback from staff through a staff survey, meetings, appraisals and an 'open door

policy'. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt valued, involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice supported GP registrars and feedback from this group was positive.

The practice had recently adopted the Dudley CCG long term conditions framework and were working with the CCG to become a multi-speciality community provider.