

Lockstown Practice

Quality Report

Willenhall Medical Centre
Willenhall
Walsall
WV13 2DR

Tel: 01902 600 833

Website: www.lockstownpractice.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	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 Lockstown Practice on 26 September 2016. As part of the comprehensive inspection we also visited the branch practice at Fisher Street. The overall rating for the practice following the September 2016 inspection was requires improvement, the full comprehensive report can be found by selecting the 'all reports' link for Lockstown Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection carried out on 9 May 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 26 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice operated effective systems for reporting and recording significant events. Records showed that the practice had responded and learned from safety incidents.
- Effective systems were in place for receiving and acting on alerts from the Medical and Healthcare products Regulatory Agency (MHRA).
- At our September 2016 inspection, we found that risk had not been formally assessed in the absence of some emergency medicines and the management of high risk medicines was not effective. During this inspection we found the arrangements to respond to medical emergencies and management of high risk medicines had improved.
- Since the previous inspection the practice improved their systems to minimise risks associated with fire and improved their processes to ensure patient information was kept secure at the Fisher Street branch practice.
- Data from the national GP patient survey showed patients rated the practice higher than others for some

Summary of findings

aspects' of care. Completed comment cards we received aligned with these views. The practice took action in areas such as waiting times, to improve patient satisfaction.

- Further actions taken to identify carers since the previous inspection resulted in an increase in the practice carers list and carers were offered support where needed.
- Information about services and how to complain was available and easy to understand. There was evidence of improvements made to handling of complaints and concerns at the Fisher Street branch since the previous inspection.
- The practice had a number of policies and procedures to govern activity which staff had access

to. Oversight of procedures had improved since the previous inspection. As a result, communication throughout the practice and the monitoring of training needs had improved. Processes had also been streamlined.

However, there were also areas of practice where the provider should continue make improvements. For example:

- Continue to ensure clinical performance initiatives are carried out to monitor quality improvements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection, we rated the practice as inadequate for providing safe services as some areas relating to safe care needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 9 May 2017. For example:

- Previously there were gaps in the completion of appropriate training such as safeguarding, chaperoning and infection control. Records we viewed as part of this inspection showed that staff completed the appropriate level of training to enable them to carry out their responsibilities safely.
- Processes to ensure specific pre-employment checks were carried out had been strengthened. For example, checking clinician's registration with the appropriate professional body was incorporated in the practice recruitment process.
- During our previous comprehensive inspection, processes for managing repeat prescriptions were not effective. At this inspection, the practice demonstrated that they had completed a review or carried out blood tests within recommended time frames before authorising medicines which require closer monitoring.
- Previously fire safety checks, some risks assessments and processes for keeping patients information safe and secure at Fisher Street had not been carried out. When we carried out this inspection, we saw significant improvements.
- There was an effective system in place for reporting and recording significant events. Lessons learnt from incidents were shared to make sure action was taken to improve safety in the practice.
- Systems for reporting incidents ensured that when things went wrong patients were informed and were told about any actions to improve processes to prevent the same thing happening again.

Good



Are services effective?

At our previous inspection on 26 September 2016, we rated the practice as requires improvement for providing effective services as the practice was not always delivering care in line with evidence based guidance, some clinical performance was below local and national averages and not all staff had received training such as fire safety, safeguarding and infection control. The process for managing

Good



Summary of findings

information from secondary care did not ensure that GPs received all incoming information. These arrangements had significantly improved when we undertook our inspection on 9 May 2017. The provider is now rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff we spoke with demonstrated how they delivered care in line with current evidence based guidance and standards.
- Quality Outcomes Framework (QOF) data showed areas where the practice performance had declined since the previous inspection. However, the practice were aware of their performance and taking actions to improve. Unverified data provided by the practice showed areas of improvement.
- The uptake of cervical screening since the September 2016 inspection remained above local and national averages. Uptake rates for bowel and breast cancer screening had improved in some areas since the previous inspection.
- Documentation reviewed as part of this inspection showed training had been completed and staff had the skills and knowledge to deliver effective care and treatment. There was evidence of appraisals and personal development plans.
- Previously we saw that the process for managing information received from secondary care did not ensure that GPs received all incoming information. At this inspection staff explained that all information received from secondary care was viewed by clinicians.

Are services caring?

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

- Staff were motivated to offer kind and compassionate care and worked together to overcome obstacles to achieving this.
- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. For example, treating patients with care and concern and helpfulness of receptionists. The practice developed an action plan to address areas where patient satisfaction was lower than local and national averages.
- Patient feedback from the comment cards we received from both locations showed that patients felt involved in decisions about the care and treatment they received.

Good



Summary of findings

- Information for patients about the services was accessible within the practice and easy to understand.
- There was a designated lead person responsible for identifying carers and keeping the carers list up to date. The carers list had increased since the previous inspection. The practice had a comprehensive carers pack and offered pre and post bereavement support for families.
- During the inspection, we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Information about how to complain was available and easy to understand.
- Previously complaints were not being managed effectively at Fisher Street. Complaints reviewed as part of this inspection showed clear communication between both practice sites when handling complaints. Learning and actions required following complaints were shared with staff across both locations.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The GPs carried out two ward rounds every week to two local nursing care homes as part of Walsall Local Enhanced Service (LES).
- Completed CQC comment cards and results from the July 2016 national GP patient survey showed that patients found it easy to make an appointment with a named GP 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.

Good



Are services well-led?

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

Good



Summary of findings

- Since the previous inspection, the practices governance framework had been strengthened. During this inspection we saw arrangements to monitor and improve quality and identify risk operated effectively.
- Systems and processes such as managing information received from secondary care and monitoring of training needs had significantly improved since the previous inspection.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. Since the previous inspection the practice analysed the most recent published national GP patient survey results. We saw an action plan to address performance, which were below local and national averages.
- The patient participation group was active and we saw proactive engagement with the practice and other stakeholders.

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. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a dedicated practice nurse to do home visits for reviews and treatments such as ear syringing, spirometry and annual health checks
- GPs carried out nursing home ward rounds twice weekly where they also meet with community colleagues such as community matron, hospital admission avoidance nurse practitioner and the trained nurses at the nursing home.
- A dedicated phone number was issued to care homes for residents at risk of hospital admission.
- Hearing Tests for patients aged over 55 were available at Fisher Street Practice from an external service.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK.
- Data provided by the practice showed that patients aged over 75 who received a health check in the last three years had increased since the previous inspection from 80% to 86%.
- The practice was accessible to those with mobility difficulties.

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.
- Diabetes related performance had declined in some areas since the previous inspection; however, there were areas where exception reporting rates had improved. For example, the percentage of patients with diabetes, on the register whom had a blood sugar reading which showed the condition being

Good



Summary of findings

controlled appropriately reduced from 79% to 69%, compared to CCG average of 79% and national average of 78%. Exception reporting also reduced from 25% to 19%, compared to CCG average of 10% and national average of 13%.

- Longer appointments and home visits were available when needed. There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- The practice was able to demonstrate systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates remained relatively high for all standard childhood immunisations. Eight week baby checks were completed in one clinic run by the practice nurse and GP every Thursday morning. Patients who missed these appointments were closely monitored and referred to the Health Visiting Team following three missed appointments.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast feeding.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.

Good



Summary of findings

- The practice's uptake for the cervical screening programme remained above national and local averages. For example, 85%, compared to CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a midwife clinic twice a week and work closely with the midwife to share necessary information about patients.

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.
- For accessibility, telephone consultation appointments were available with either a GP or Advanced Nurse Practitioner.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered yellow fever vaccinations (a vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the national GP patient survey indicated that the practice satisfaction rates were above local and national average regarding phone access and comparable regarding opening times.

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 (LD).
- Longer appointments available for patients with a learning disability were available on Mondays at the main branch and Thursdays at Fisher Street.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a carers list. Carers had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that their carers list increased from 2% to 3% since the previous inspection.

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).

- Nationally reported data for 2015/16 showed patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months had slightly increased from 84% to 85%, this was comparable to the local and national average.
- The percentage of patients diagnosed with mental health who had a comprehensive, agreed care plan documented in their record in the preceding 12 months remained at 100% which was above the local and national average. Exception reporting had declined from 16% to 0%, compared to CCG average of 5% and national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had registered with Alzheimer's society with a view of becoming dementia friends.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- A Community Mental Health Nurse offered counselling services within the practice and staff 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 we spoke with had a good understanding of how to support patients with mental health needs and dementia and there were a designated lead responsible for this population group.

Summary of findings

What people who use the service say

When we carried out our inspections in September 2016 and May 2017 we looked at the results from the July 2016 national GP survey which is the most recent published data. These results showed the practice was performing in line with local and national averages for questions around telephone access, appointment availability, overall experience and for recommending the practice to others.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards completed at Lockstown practice and six completed at the branch practice Fisher Street. All completed comment cards were positive about the standard of care received. Staff were described as good listeners, helpful, friendly and respectful with extremely positive comments across both locations. Patients were complimentary of the atmosphere which staff created, making each contact a very positive experience.

Areas for improvement

Action the service SHOULD take to improve

- Continue to ensure clinical performance initiatives are carried out to monitor quality improvements.

Lockstown Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lockstown Practice

Lockstown Practice is located in Walsall, West Midlands. The practice is situated in a multipurpose modern built Private Finance Initiative (PFI) owned building, providing NHS services to the local community. There are two sites that form Lockstown Practice; these consist of the main practice at Gomer Street and the branch site at Fisher Street. Lockstown practice is part of Walsall Alliance Federation which is a group of 31 practices in Walsall, covering a patient population of 125,000.

Based on data available from Public Health England, the levels of deprivation in the area served by Lockstown Practice are below the national average, ranked at three out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged between zero to four, 25 to 30, 50 to 60 and 70 to 85 plus.

The patient list is 7,880 of various ages registered and cared for at the practice. Services to patients are provided under

a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

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

The practice staffing comprises of two male GPs and a regular male GP locum, one female GP, one senior practice nurse, one nurse practitioner, one advanced nurse practitioner (independent & supplementary prescriber), two health care assistant (HCA), a practice manager and an assistant manager; and eight receptionists who worked across both locations. The practice is also an approved training practice and provided training to medical students. There were two female GP registrars (GPs on a registration course).

The practice is open between 7.30am and 6.30pm daily except for Wednesdays where the practice is open between 8am and 1pm. The Fisher street branch is closed on Wednesdays and Friday afternoons; during this time patients are directed to call the main branch at Gomer Street for medical advice.

GP consulting hours are from 7.30am to 12.30pm and 2pm to 6pm on Mondays, Tuesdays, Thursdays, Fridays and 7.30am to 12.30pm on Wednesdays. The practice has opted

Detailed findings

out of providing cover to patients in their out of hours period. During this time, services are provided by NHS 111. On Wednesdays from 1pm to 8am services are provided by WALDOC (Walsall doctors on call).

The practice was previously inspected by CQC on the 26 September 2016 where we rated the practice overall as requires improvement. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Why we carried out this inspection

We undertook a comprehensive inspection of Lockstown Practice on 26 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing effective and well-led services. This was because the provider did not ensure that medicine reviews were carried out as part of and aligned with patients care and treatment plans. Reasonable and practical steps had not been taken to mitigate some risks. Some systems and processes had not been established or effectively managed and some training to enable staff to fulfil the requirements of their role had not been completed.

The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Lockstown Practice on our website at www.cqc.org.uk.

This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked the practice to provide evidence of progress made since the September 2016 inspection. We carried out an announced visit on 9 May 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, health care assistant, receptionists, administrators and a practice manager.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 26 September 2016, we rated the practice as inadequate for providing safe services as some clinical and non-clinical staff had not received the appropriate level of training to enable them to carry out their roles safely. Some medicines, which required closer monitoring, were not being monitored within recommended guidelines. Prescription security, fire risks and processes to ensure patient information was kept secure were not operated effectively at Fisher Street. Some specific medicines for use in a minor surgery emergency were not accessible at Fisher Street and the practice had not carried out a formal risk assessment to mitigate risks.

These arrangements had significantly improved when we undertook a follow up inspection on 9 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff we spoke with explained that they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which they completed. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice actively reported incidents using NHS England's national reporting and learning system. Since the September 2016 inspection, the practice recorded three significant events. From the three examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of significant events and we saw evidence that lessons

were shared and was action taken to improve safety in the practice. For example; we saw actions taken to strengthen the process for checking and signing out vaccinations issued to district nurses.

- We reviewed the management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated safety alerts throughout the practice. The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example, we saw evidence of actions taken to ensure patients in receipt of medicines used to lower cholesterol levels or to treat high blood pressure were being managed in accordance with recommended guidelines.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. However, during the previous inspection some non-clinical staff had not received the appropriate level of training such as safeguarding and chaperone training to enable them to carry out their responsibilities safely. During this inspection we saw that non clinical staff had completed the appropriate level of training.

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Members of the nursing team had received child safeguarding level three and safeguarding adults training. Non-clinical staff were trained to level one child safeguarding.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who explained that GPs provided reports where necessary for other agencies and we were told that they would attend safeguarding meetings when possible.
- A notice in the waiting room advised patients that chaperones were available if required. Records we

Are services safe?

viewed showed that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and there was an infection control protocol. During our previous inspection, non-clinical staff we spoke with were able to explain procedure for handling specimens. However, training records showed that not all had received infection control training. As part of this inspection we saw that all staff had received up to date training. Annual IPC audits were undertaken by an external infection control specialist and we saw evidence that action was taken to address any improvements identified as a result.

There were significant improvements in the arrangements for managing medicines and vaccines in the practice which minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At the September 2016 inspection there were gaps in the processes for handling repeat prescriptions, which included the review of high risk medicines. We saw that medicines, which required closer monitoring, were not managed within recommended guidelines. As part of this inspection, we reviewed the management of medicines and saw effective processes for handling repeat prescriptions, which included the review of high-risk medicines. Where monitoring had not taken place the practice demonstrated where they had proactively attempted to recall patients who had not responded to initial request to attend medicine reviews.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams as part of a local improvement

scheme, to ensure prescribing was in line with best practice guidelines for safe prescribing. Good practice prescribing review data provided by the practice showed that they were above average for some groups of medication such as antibiotics and medicines used to treat hypertension, compared to local averages.

- When we carried out our previous inspection, we saw that prescription stationary was securely stored and there were systems in place to monitor their use at the main branch, Gomer Street. However, at Fisher Street prescriptions were not always secure. At this inspection we saw that systems for ensuring safe storage and tracking of prescription stationary had improved at Fisher Street. We saw that prescription stationary was securely stored and the practice had effective monitoring systems in place to track prescriptions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs we viewed had been signed by an appropriate person such as a GP or practice manager. (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 two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We also saw that appropriate recruitment checks had been carried out on locum GPs. Previously the practice were unable to demonstrate a system for monitoring clinician's registration with the appropriate professional body. At this inspection staff we spoke with explained that checks were incorporated as part of the recruitment process and records' of registration were recorded in staff files.

Processes to ensure patient information was kept secure was not being followed effectively when we previously visited Fisher Street. For example, we saw that a smart card had been left in a clinic room. (Smartcards are 'chip and pin' cards which allow access to a range of information such as confidential patient care records). Staff we spoke with during this inspection were able to clearly explain actions required to ensure patients information remained

Are services safe?

safe and secure. For example, staff told us that they were required to remove smart cards when leaving their work station and we saw evidence to support this during our follow up inspection.

Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patient and staff safety had improved since the September 2016 inspection. For example:

- Previously procedures for monitoring and managing fire risks were inconsistent across the two sites. For example, the practice had up to date fire risk assessments and Gomer Street carried out regular fire equipment checks and drills. However, this process was not being followed at Fisher Street. At this inspection we saw fire safety checks carried out at Fisher Street. The practice had an up to date fire risk assessment and carried out regular fire drills at both sites. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- There was a health and safety policy available.
- We saw that all electrical and clinical equipment was checked by a professional contractor to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure

enough staff were on duty to meet the needs of patients. However, staff we spoke with explained that they were aware of the need to expand the clinical team to allow more flexible patient access.

Arrangements to deal with emergencies and major incidents

Arrangements to respond to emergencies and major incidents had been reviewed since the last inspection and additional arrangements were in place. For example:

- Emergency medicines were available at both sites. When we carried out the previous inspection we saw that at Fisher Street, where minor surgery was undertaken the practice did not stock medicine used to treat slow heart rates and decrease saliva production during minor surgery; and the practice had not considered risks against not having this medicine available. As part of this inspection we saw that the practice had reviewed risks and had access to adequate medicines.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were a limited range of emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage which had been reviewed since the previous inspection. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 September 2016, we rated the practice as requires improvement for providing effective services as the practice were not always delivering care in line with evidence based guidance and standards, exception reporting was above local and national averages and records we viewed showed that not all staff had received training such as fire safety, safeguarding and infection control. The process for managing information from secondary care did not ensure that GPs received all incoming information.

These arrangements had significantly improved when we undertook our inspection on 9 May 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

When we carried out our previous inspection 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 in most areas. At this inspection staff we spoke with demonstrated how they delivered care in line with current evidence based guidance and standards. For example:

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and generally used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with demonstrated on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Staff we spoke with demonstrated that the appropriate reviews had taken place prior to repeating medicines which require closer monitoring. We were told that since the September 2016 inspection patients and staff were reminded about the importance obtaining blood results and ensuring patient records include required information to ensure safe prescribing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results had declined from 99% to 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

Data from 2015/16 QOF year showed areas where the practice performance had declined. Data also showed that some exception reporting areas was above CCG and national average in some areas. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example:

- The percentage of patients with diabetes, on the register whom had a blood sugar reading which showed that the condition was being controlled appropriately declined from 79% to 69%, compared to CCG average of 79% and national average of 78%. Exception reporting was 19%, compared to CCG average of 10% and national average of 13%. Following the inspection the practice provided 2016/17 unverified data which showed performance had improved to 90%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol, was within recommended range (measured within the preceding 12 months) declined from 74% to 67%, compared to CCG and national average of 80%. Exception reporting rates were at 18%, compared to CCG average of 9% and national average of 13%. Following the inspection the practice provided 2016/17 unverified data which showed performance had improved to 91%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within acceptable range declined from 84% to 72%, compared to CCG average of 79% and national average

Are services effective?

(for example, treatment is effective)

of 78%. Exception reporting was 8%, compared to CCG average of 6% and national average of 9%. 2016/17 unverified data provided by the practice following the inspection showed performance had increased to 95%.

- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 92% compared to CCG average of 88% and national average of 86%. However, exception reported increased from 6% to 25%, compared to CCG average of 9% and national average of 10%.
- The percentage of patients with asthma, on the register who had an asthma review in the preceding 12 months that includes an assessment of asthma control using recognised methods was 66% compared to CCG and national average of 76%.
- Performance for mental health related indicators was above the national average. For example, 100% had an agreed care plan documented in the record, in the preceding 12 months compared to CCG average of 92% and national average of 88%. Exception reporting had also improved from 16% to 0%, compared to CCG average of 5% and national average of 13%.

Staff we spoke with were aware of the practice performance and were able to demonstrate actions taken to improve areas of poor performance. For example, staff followed established protocols for managing exception reporting such as sending up to three appointment reminder letters, this was followed up by phone calls to encourage patients to attend appointments and required reviews. Members of the management team explained that staff received guidance on exception reporting. As a result clinicians would review multiple missed appointments before making the decision to exclude patients. Staff explained that exception reporting patients with atrial fibrillation had increased due to the high number of elderly patients and nursing home residents who have been identified as having a risk of falls or a high frailty index. Furthermore a clinical decision had been made not to commence treatment using recommended therapy due to level of risks. The practice also identified a high number of patients who had given informed dissent (completion of a form which demonstrates an informed decision not to attend an annual review of their long term health condition). To address this staff explained that they were arranging patient information evenings to educate patients

on the importance of looking after their health. The practice also signed up to Living Well Taking Control programme which enables the practice to refer patients at high risk of developing diabetes to a self-management programme to help them make good lifestyle choices. Following the inspection, unverified data provided by the practice out of 82 patients, 78 had been sent letters informing them of the diabetes programme.

Effective staffing

During our previous comprehensive inspection we saw gaps in training such as fire safety, safeguarding, information governance and health and safety. Documentation reviewed as part of this inspection showed training had been completed; and staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and training updates for staff. For example, for those reviewing patients with long-term conditions. Furthermore, the nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice nurse completed a Supporting Learning and Assessment in Practice (SLAiP) course which enabled her to mentor healthcare students.
- 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 and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with also explained that they received updates from diabetes and asthma UK; staff had online access to the British National Formulary online (a publication which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).
- During our previous inspection we saw that staff received appraisals; however, they were not consistently being carried out as part of a regular cycle. At this inspection documentation provided by the practice showed that staff had received an annual appraisal. We saw evidence that the GPs had undertaken appraisals and revalidation, which enables them to continue to practice as a GP and remain on the performers list with NHS England.

There was evidence of quality improvement including clinical audit.

- The practice provided documentation of three clinical audits commenced since the September 2016 inspection; one was a completed audit where the improvements made were implemented and monitored.
- All relevant staff were involved in clinical audits and findings were used by the practice to improve services. For example, following the previous inspection the practice carried out an audit to see whether a medicine used to treat or prevent blood clots was being managed appropriately. The initial audit identified 50% of patients were not appropriately monitored. The practice took all medicines off repeat prescription which prompted clinicians to check blood results prior to prescribing. The practice generated a monthly list to identify any patients with missing blood monitoring results and a pharmacist was recruited to support the practice. Following a second audit, all identified patients were being monitored appropriately.
- The practice carried out an annual minor surgery audit to monitor clinical outcomes and infection rates. Data provided by the practice showed a zero post surgery infection rate.

Since the September 2016 inspection processes to ensure information needed to plan and deliver care and treatment were available to staff in a timely and accessible way through the practice's patient record system and their intranet system had improved.

- For example, previously staff we spoke with explained that hospital correspondence with GP directions were sent to GPs; however, those with no specific GP directives were not being sent to the GPs to review. As a result, the practice was unable to demonstrate that safeguards were in place to ensure a clinician reviewed all appropriate correspondence. At this inspection we saw that clinicians viewed all hospital correspondence.
- The practice was able to demonstrate how they shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis such as health visitors, community matrons and district nurses when care plans were routinely reviewed and updated for patients with complex needs. Staff we spoke with explained that since the previous inspection the practice commenced engaging with the mental health team, we saw evidence of meetings held where patients care needs were being monitored. We saw minutes of quarterly multi-disciplinary team meetings for patients with end of life care needs.

Consent to care and treatment

- 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 we spoke with were able to explain how they carried out assessments of capacity to consent in line with relevant guidance.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw that consent forms were in place and used before carrying out minor surgery. The practice used nationally approved consent forms such as those approved by the Royal College of General Practice (RCGP).
- Training records showed that relevant staff had completed mental Capacity Act training.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- The practice provided access to services such as family planning, health promotion, healthy lifestyle and coronary heart disease clinics. Practice staff made use of health trainers, smoking cessation and weight management services.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), Bowel Cancer and patients with learning disability. There were patient specific clinics for vulnerable patients, for example patients on the learning disability register.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.

During our previous inspection, data highlighted that the practice's uptake for the cervical screening programme was above local and national averages. Data from 2015/16 showed that the practice continued to perform above local and national average. For example, 85%, compared to the CCG average of 81% and national average of 82%. Exception reporting had also reduced from 12% to 9% compared to CCG average of 7% and national average of 6%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also flagged non-attenders on

the practice clinical record, which prompts further discussion during appointments. The practice carried out an audit to assess the effectiveness of their call and recall system; and rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one could not be read properly). Data provided by the practice showed that systems' and process were being operated effectively. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) declined from 73% to 70%, compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation increased from 59% to 63% compared to CCG average of 75% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) declined from 52% to 50%, compared to CCG average of 52% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) declined from 51% to 49%, compared to CCG average of 50% and national average of 56%.

Staff we spoke with explained that they were aware of the decline in the uptake of breast screening. We were told that staff were opportunistically encouraging patients to engage in testing. Staff also explained that the practice continued their involvement in a local bowel screening pilot, which involved the health care assistant calling patients or using video links to discuss the benefits of screenings. Staff explained that they actively carry out monthly searches to identify patients and we were told that 22 invite letters were sent to patients in May 2017. We saw informational leaflets in patient waiting areas.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given continued to be above CCG and national averages. For example, childhood immunisation

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

rates for the vaccinations given to under two year olds were 100% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 97% for first dose and 92% for the second dose, compared to CCG averages of 99% for first dose and 94% for second dose; and national averages of 94% for first dose and 88% for second dose.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

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

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 14 patient Care Quality Commission comment cards completed at Lockstown practice and all six completed at the branch practice Fisher Street were positive about the service experienced. Patients said they felt staff were pleasant, helpful, caring and treated them with dignity and respect. Patients also felt that their needs were always being met.

Results from the national GP patient survey showed mixed views relating to how patients felt they were treated with compassion, dignity and respect. The practice results were varied for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and national average 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.

- 96% of patients said the nurse was good at listening to them compared with the CCG and national average of 91%.
- 94% said the nurse gave them enough time compared with the CCG average of 93% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 90% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients' feedback from the comment cards we received showed that they felt involved in decisions about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Are services caring?

- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available.
- Information leaflets were available in easy read format.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- There was a comprehensive information board located in the reception area, which provided patients with a variety of information, such as self-help services.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice previously identified 188 patients

as carers (2% of the practice list). Staff we spoke with explained that since the September 2016 inspection they had discussed ways of further increasing the identification of carers during practice meetings. Letters were sent out to identify further patients who were carers or may have a carer and clinical staff were advised to check during appointments. At this inspection we saw that the practice carers list had increased to 244 (3% of the practice list). Information was available to direct carers to various avenues of support available to them within the community.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Staff explained that Walsall carers' society attended the practice to raise staff awareness of how to better support this population group. Staff were now more aware of services provided by Walsall Carers society such as home visits to support patients. The practice new patient registration form included questions which identified carers and the practice were actively updating records when patients attended the practice.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our September 2016 comprehensive inspection, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended opening for appointments Mondays to Fridays from 7.30am to 8am for patients who could not attend during normal weekday opening hours.
- GPs and community nurses carried out local nursing care home ward rounds twice a week as part of Walsall Local Enhanced Service (LES). Staff we spoke with explained that since the previous inspection Walsall CCG approached the practice to discuss extending this provision. As a result, there were plans for the practice to visit care homes in other local authorities.
- Staff we spoke with explained that the practice had registered with Alzheimer's society with a view of becoming dementia friends and an external organisation were scheduled to attend the practice in July 2017 to carry out an event around hearing.
- The practice provided patient specific clinics. For example, longer appointments available for patients with a learning disability were available on Mondays at the main branch and Thursdays at Fisher Street.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Staff explained that the practice were concerned about the number of missed appointments and the impact this had on access. Data provided by the practice showed that during the month of April 2017 there was 196 missed appointments. The practice analysed this data and identified a high volume of missed appointments were those which were booked online. As a result, the practice reduced the number of online appointments. Posters in waiting areas informed patients of the volume of missed appointments and the impact on patient access.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- The premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw evidence of this.
- The practice worked with the local addiction service under a shared care agreement to manage the general health care of patients receiving interventions for substance and alcohol dependency. Data provided by the practice showed that care plans reviews had increased from 13% to 15%, and medicine reviews increased from 52% to 84%.

Access to the service

The practice was open between 7am and 6.30pm Mondays and Tuesdays, 7am to 1pm Wednesdays and 7am to 6.30pm Thursdays and Fridays. On Wednesdays from 1pm to 6.30pm services are provided by WALDOC (Walsall doctors on call).

Appointments were from 7.30am to 12.30pm every morning and 2pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% national average of 73%.
- 84% said 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 82% and the national average of 85%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 52% of patients said they didn't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Staff we spoke with explained that since the previous inspection the practice carried out an analysis of the 2016 national GP patient survey results along with results from the practice January 2017 internal survey. The practice developed an action plan to address issues identified. For example, the practice identified low patient satisfaction relating to waiting times. As a result, we were told that baby clinic times had been changed so that appointments with GP and nurse were no longer being booked at the same time. Staff explained that since appointments were more staggered patients were not waiting too long to be seen.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Staff we spoke with advised us that patients who requested a home visit would be placed on a daily action list which GPs worked through collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP

home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

All receptionists received basic life support training and there were flow charts visible in reception, which guided receptionist when dealing with medical emergencies.

Listening and learning from concerns and complaints

During our previous inspection we saw inconsistencies in the following of the complaints process. For example, complaints received at the branch location were not recorded on the practice complaints log and response letters had limited details. At this inspection, we saw that the practice had an effective system in place for handling complaints and concerns at both locations. For example:

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

The practice received two complaints since the September 2016 inspection. We looked at both of these complaints and saw they were dealt with in a timely way, with openness and transparency. We saw evidence of clear communication between both practice sites when responding to complaints. The practice carried out an analysis of complaints and produced a report which they disseminated throughout both practices. Documents viewed demonstrated an effective system for learning from individual concerns and complaints and a proactive approach to identification of the route cause and actions required to improve the quality of care.

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 26 September 2016 inspection, we rated the practice as requires improvement for providing well-led services as some governance arrangements needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 9 May 2017. For example:

Vision and strategy

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

- The practice had a mission statement, which was displayed in the waiting area, and staff knew and understood the values.
- The practice had a strategy and supporting business plan, which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs.

Governance arrangements

When we carried out the September 2016 inspection we saw that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, there were some areas where we saw ineffective monitoring of training needs and an absence of some assessments to mitigate risks. We also saw that some processes were not effective or consistently followed at Fisher Street. At this inspection we saw significant improvements. For example:

- At our previous inspection Lockstown practice merged with Fisher Street Practice in 2015 to form one patient list. Since the September 2016 inspection the practice continued to bring the two practices together to ensure a consistent approach to care delivery. As a result, we saw well embedded systems and processes across both practice sites. For example, processes for managing information received from secondary care and other external sources were effectively operated.
- Arrangements for identifying, recording and managing risks such as medical emergencies and recording of fire safety checks were well managed.

- Systems for monitoring staff training needs had improved since the previous inspection. As a result, we saw evidence of completed training to enable staff to carry out their role effectively.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. Audit and local benchmarking data was used to monitor quality and to make improvements. Performance against QOF was discussed at clinical meetings and staff explained actions taken to address areas where the practice was performing below local and national averages.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience to run the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The management team was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. Management encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology when things went wrong.
- The practice kept written records of verbal interactions as well as written correspondence and logged all incoming complaints onto the practice complaints spreadsheet.

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

Are services well-led?

Good 

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff explained that since the previous inspection the practice updated their staff rota which improved joint working across both sites. Joint practice meetings are held and staff explained that this approach had made information sharing between both locations more effective and systems more streamlined.
- Staff told us the managers were approachable and always took the time to listen to them. There was an open culture within the practice and staff explained that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of practice meetings were available for staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and members of the group explained that they were working with the practice various areas to

improve care provided. For example, the PPG identified a number of missed appointments were from patients under the age of 16. In light of this we were told that the practice assigned staff members to actively contact patients, parents and carers from this patient group with a history of missed appointments a day prior to their appointment. As a result, we were told that the rate of missed appointments had decreased from 500 to 196 in one month.

- The practice encouraged feedback from staff generally through staff meetings, appraisals and discussion. All staff was involved in discussions about how to run and develop the practice, and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice proactively worked with the PPG and other stakeholders to improve care provided. For example, the PPG were discussing with the practice the option of offering Vitamin D testing for patients of minority backgrounds as they were aware this was available in surrounding boroughs. We saw minutes of meeting where this had been discussed and the practice were actively seeking updates from stakeholders.