

# The Waterfront Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 follow up inspection at The Waterfront Surgery on 6 September 2016. This was a follow up to an announced comprehensive inspection on 17 December 2015. During the inspection in 2015 we found the practice was in breach of legal requirements. The breaches related to:

Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good Governance

Regulation 12 HSCA (Regulated Activities) Regulations 2010 Cleanliness and infection control

Following the inspection, the practice was placed into special measures, the practice wrote to us to say what they would do to meet the legal requirements. We undertook this inspection on 6 September 2016 to check that they had followed their plan and to confirm that they had met the legal requirements.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and an effective system had been put in place for reporting and recording significant events. Staff had regular monthly meetings to discuss significant events and lessons learnt. The practice carried out an analysis of each event with a documented action plan.
- Systems and processes had been put in place to keep patients safe and risks to patients were assessed and well managed and the practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- An infection control audit had been completed and we saw evidence that identified actions had been addressed.

# Summary of findings

- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
  - There was a programme of continuous learning and meetings to support staff and involve them in the development of the practice.
  - From April 2016 Dudley Clinical Commissioning Group agreed with some practices to suspend the Quality & Outcome Framework (QOF) and have introduced a monitoring framework for long term conditions which the practice are actively using.
  - Information about services and how to complain was available and easy to understand.
  - Patients said they found it easier to make an appointment with the new telephone system in place and urgent appointments were available the same day.
  - The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered minor surgery services to the local population.
  - There was a clear leadership structure and staff felt supported by management.
  - business continuity plan had been put in place to guide staff on the procedures to follow if there was a major disruption to business.
  - The practice had a Patient Participation Group in place and was actively trying to encourage new patients to join.
  - The practice had introduced a programme of audits that were driving improvement in performance to improve patient outcomes.
- However there were areas of practice where the provider should make improvements:
- Continue to review the registers for patients with long term conditions and mental health needs to ensure appropriate reviews are in place.
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.
- Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- Since the last inspection the practice had introduced effective systems to manage risks by ensuring risk assessments are in place.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The practice held monthly meetings where significant events and lessons learnt were discussed.
- An effective system had been implemented to review all correspondence and patient safety alerts received, reviewed and actioned appropriately. This included pathology results and outcomes of patient screening.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- An infection control policy was in place and a recent infection control audit had been completed and actions had been identified and addressed.

### Are services effective?

Requires improvement



- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had implemented a programme of clinical and internal audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and we saw evidence of meetings that had taken place on a monthly basis.
- There was a proactive approach to identifying patients with prediabetes indicators. The practice had 122 patients on their

# Summary of findings

prediabetes register who were reviewed every six months by a GP and health care assistant. The review included healthy lifestyle advice support to minimise the risk of developing diabetes.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average in some areas, but low results had been achieved in some indicators. For example the practice achieved 67.1% for depression related indicators which was lower than the CCG average of 82.1% and the national average of 84.5%. On reviewing unverified data on the day of inspection we found the practice had 503 patients on their depression register and 86% had received face to face reviews since April 2016.
- Since the last inspection the practice had put in place systems and processes to assess staff development needs, we saw evidence of staff appraisals and personal development plans.

## Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice held a register of carers and had 25 carers registered, which represented 0.3% of the practice list. On speaking with the provider they attributed this to coding errors. Since the inspection we have received data from the practice to confirm that the coding errors have been rectified and the practice now has 153 patients on their carers register which represents 2% of the practice list
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- We saw that staff were helpful and treated patients with kindness and respect and maintained patient and information confidentiality. The practice also supported patients by referring them to a number of support groups, onsite stop smoking service and other support agencies.

**Requires improvement**



## Are services responsive to people's needs?

- The practice worked closely with other organisations to ensure that they meet patients' needs. For example a community psychiatric nurse held a clinic twice a week.

**Good**



# Summary of findings

- There were innovative approaches to providing integrated patient centred care. For example the practice had introduced a system to identify prediabetic patients, which included six monthly reviews and support.
- Telephone consultations and extended hours were available, which also included later appointments with a practice nurse.
- At the last inspection the practice did not have a patient participation group (PPG) in place. A group had been formed with 12 patient representatives. The practice were actively encouraging new patients to join.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services 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.
- Governance and performance management arrangements were well managed and proactively reviewed to reflect best practice. Practice specific policies and communication boards had been implemented; they were regularly reviewed and thoroughly embedded. There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- 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 encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service. Since the last inspection, the practice had initiated a patient participation group.
- The practice had implemented a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts, significant events and incidents.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. Staff were actively encouraged to undertake development courses and we saw evidence of a detailed training programme for all staff.
- There was a documented leadership structure and staff we spoke with demonstrated a commitment to providing a high quality service to patients. Staff spoke highly of the practice manager and were proud to be a part of the practice.
- All staff had received inductions and regular performance reviews. Staff meetings were held every three months, with departmental meetings held monthly.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for providing effective and caring services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned hospital admissions. The practice had 127 patients with care plans which represented 1.5% of the practice list.
- The premises were accessible to patients with mobility difficulties. A lift and designated car parking spaces were in place.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were contacted within 72 hours to establish the reason for admission and care plans were updated where further care needs were identified.
- The practice worked closely with multi-disciplinary teams so patient's conditions could be safely managed in the community.
- The practice support pharmacist carried out medicine reviews and held regular meetings with the GPs to discuss patient's needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing effective and caring services; this affects all six population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check 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. We saw evidence that meetings were held on a monthly basis.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example patients at risk of diabetes. The practice

**Requires improvement**





# Summary of findings

had identified 122 patients who were at risk of developing diabetes. A six month review was offered by the GPs and health care assistant to monitor and support patients, this included healthy lifestyle advice.

## Families, children and young people

The practice is rated as requires improvement for providing effective and caring services; this affects all six population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 76% to 100% compared to the CCG averages which ranged from 83% to 99%. Immunisation rates for five year olds were ranged from 93% to 99% compared to the CCG average of 94% to 99%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 71% which was lower than the local CCG average of 79% and the national average of 82%. The practice had a system in place to encourage patients to attend their appointments which included sending text messaging appointment reminders and letters to encourage patients to attend their appointments.

Requires improvement



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

The practice is rated as requires improvement for providing effective and caring services; this affects all six population groups.

- 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.
- 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.

Requires improvement



# Summary of findings

- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered a choice of extended hours to suit their working age population, with early morning and evening appointments available two days a week. Patient satisfaction in relation to opening hours showed improvements according to the GP national patient survey published in January 2016 and July 2016.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing effective and caring services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. There were 27 patients on the learning disability register and 93% had a care plan in place and had received their annual health checks. The practice supported patients in a local learning disability care home.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every month to discuss the needs of some of its most vulnerable patients?
- Staff 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. We saw evidence of monthly meetings with the health visitor to discuss vulnerable children.

**Requires improvement**



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

The practice is rated as requires improvement for providing effective and caring services; this affects all six population groups.

- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.

**Requires improvement**



# Summary of findings

- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 94% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice scored lower than local and national averages. 302 survey forms were distributed and 109 were returned. This represented 36% response rate.

- 31% 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%.
- 74% 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 82% and the national average of 85%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 52% 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 the national average of 78%.

The practice had reviewed the results of the January 2016 survey and had implemented an action plan to address

the low scores they had received. For example, a new telephone system had been put in place to improve patient access to the service. The telephone system was still in its infancy and had yet to demonstrate improvements in patient satisfaction.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were positive about the standard of care received. Some of the comments received, detailed how helpful the reception staff were and how telephone access had improved with the installation of the new phone system.

We spoke with two patients during the inspection. Both said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had analysed its results from the friends and family test and had seen an increase in patient satisfaction. The latest results for August 2016 showed 72% of patients were very likely or likely to recommend the practice to others.

## Areas for improvement

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

- Continue to review the registers for patients with long term conditions and mental health needs to ensure appropriate reviews are in place.

# The Waterfront Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to The Waterfront Surgery

The Waterfront Surgery is registered with the Care Quality Commission to provide primary medical services. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for

example, chronic disease management and end of life care. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes and minor surgery.

The practice is located in a purpose built health and social care centre and shares the facilities with other NHS Services. The practice merged in May 2014 creating a list size of approximately 8300 patients. The clinical team includes six GP partners (four male and two female), two practice nurses and a health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

The surgery is open Monday to Friday 8.00am to 6.30pm. Extended hours appointments were available on Wednesday and Thursday morning from 7.00am to 8.00am and Tuesday, and Friday evening from 6.30pm to 7.30pm

with a GP and until 7pm on Friday with a practice nurse. The practice has opted out of providing out of hours services to their own patients. This service is provided by an NHS 111 out of hour's service contracted by the CCG.

The practice is part of the NHS Dudley Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

## 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. This inspection was a follow up of a previous inspection carried out in December 2015. The inspection carried out on the 17 December 2015 found the provider to be in breach of legal requirements and was rated as Inadequate in the safe, caring and well led domains and Requires Improvement in the effective and responsive domains. Following on from the December inspection, the practice wrote to us to say what they would do to meet the legal requirements. The follow up inspection of 6 September 2016 reviewed the actions the practice had taken and we found the practice had completed the actions identified.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 September 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice manager, practice nurses, reception and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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.'

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

At the previous inspection in December 2015 we found that risks to patients had not always been assessed and managed appropriately this included learning and actions taken due to incidents and significant events and the review and actioning of patient safety alerts.

Infection control procedures were not effective and a review was required for assessing and managing infection control within the practice and the management of test results needed to be reviewed to ensure they were acted on in a timely manner.

At this inspection in September 2016, we found the practice had introduced an effective system 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 and a written 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 held monthly team meetings to discuss incidents, significant events and any safeguarding concerns.
- There was a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts.

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. Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken. We discussed examples of recent patient safety alerts we saw

how a recent alert relating to a medical device for testing diabetes was acted on effectively in the practice. We also saw that safety alerts were discussed with staff and documented in minutes of monthly practice meetings.

### 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:

- 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- 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. There was a designated clinical lead for infection control, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed by the clinical commissioning group (CCG) infection prevention team in June 2016 and the practice had scored 92%.
- 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).

## Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed, and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks were available. The practice had up to date fire risk assessments and carried out regular fire drills. 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 carried out a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This was completed in August 2016.

- 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.
- 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 accessing on line resources and discussion at practice meetings.

### 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 alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 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 were 91.7% of the total number of points available; this was lower than the national average of 94.8%. Exception reporting was 5.5% which was lower compared to the national average exception reporting of 9.2%. (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 2014/15 showed:

- Performance for diabetes related indicators was 84% which was lower than the CCG average of 88.2% and the national average of 89.2%
- Performance for mental health related indicators was 90.2% which was lower than the CCG average of 93.5% and the national average of 92.8%

There was evidence of quality improvement including clinical audit and the practice had worked closely with the CCG to develop a programme of audits.

At the previous inspection in December 2015 we found limited audits had been carried out and there was no evidence that audits were driving improvement in

performance and to improve patient outcomes. We reviewed one audit where the improvements made were implemented and monitored. For example, an audit was completed on patients who were receiving lithium who had not had a recent blood test. The first cycle of the audit identified five patients who required blood tests. All the patients were invited to attend for blood tests and on each patients' record; alerts were added to notify clinicians that the patient required a blood test every six months to ensure their lithium was within the required range. A second audit showed three patients had completed the blood test, but two patients were still requiring a review. Further invites were sent to the patients.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice was taking part in a pilot project for a replacement monitoring system to the Quality and Outcomes Framework (QOF).
- Findings were used by the practice to improve services. For example, recent action was taken as a result of the last CQC inspection in December 2015, where concerns were raised in the review of the management of test results to ensure results were acted upon appropriately and in a timely manner. A system has been introduced where results were reviewed twice a day, with urgent results acted on immediately and all other actions completed within 24 hours.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had introduced a training schedule for all staff to ensure everyone received relevant updates and had opportunities of further personal development.
- The learning needs of staff were identified through a review of practice development needs. Staff told us that appraisals were now regular. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included clinical supervision and facilitation and support for revalidating GPs.

# 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.

### 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.

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. Meetings took place with other health care professionals on a monthly basis 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.
- 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.

### 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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- There was a proactive approach to identifying patients with prediabetes indicators. The practice had identified 122 patients who were at risk of developing diabetes and six monthly reviews were offered by a GP and health care assistant to offer support and advice on leading a healthy lifestyle and to minimise the risk of developing diabetes.

The practice's uptake for the cervical screening programme was 78%, which was lower than the national average of 82%. The exception reporting rate was 9% which was higher than the national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice also sent letters to encourage patients to attend their appointments. 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

The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening but results were lower than the CCG and national averages. For example,

- 69% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.
- 49% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 58% and the national average of 58%.

Since the inspection we have received evidence to confirm that the practice proactively encourage patients to attend screening and follow up patients who miss appointments by telephone and letter and a meeting with Public Health has taken place to discuss how improvements can be made.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for under two year

# Are services effective?

(for example, treatment is effective)

olds ranged from 76.4% to 100% compared to the CCG averages which ranged from 83.1% to 98.6%. Immunisation rates for five year olds were ranged from 92.9% to 99% compared to the CCG average of 93.6% to 98.7%.

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

### 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 advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and friendly.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and found the staff helpful and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

From the previous inspection in December 2015, data from the GP survey in July 2015 showed that many patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect, but not all felt cared for, supported and involved in decisions about their care.

Results from the national GP patient survey published in January 2016 showed patients had again scored the practice lower than average for questions relating to if they were treated with compassion, dignity and respect. The practice had taken action following the outcomes of the January 2016 survey and had implemented training in customer service and accessed clinical support from Dudley Clinical Commissioning Group. This has resulted in improved scores in the July 2016 survey. For example:

- 73% 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%.

- 71% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 75% 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% and the national average of 85%.

For consultation with nurses the practice scored higher than the local and national averages. For example:

- 92% 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%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

Scores for helpfulness of reception staff were lower than the local and national average. For example:

- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had reviewed the results of the January 2016 GP patient survey and had implemented an action plan to address the low scores. For example: new reception staff had been employed to improve the demand on reception and all administration staff had received training on customer service and conflict resolution.

### 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, but results from the national GP patient survey did not reflect this. Patients also told us they felt listened to and supported by staff, but did not have sufficient time during consultations to make an informed decision about the choice of treatment available to them. All patients who required longer appointments had the flexibility to book longer appointments if they needed extra time and techniques were looked at on how to improve patient confidence and support patients with their care.

## Are services caring?

Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

The latest published results from the national GP survey published in July 2016 showed improvements to the results about patients having involvement in planning and making decisions about their care and treatment, but the scores were still lower than the CCG and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The practice used a telephone language line which they could use to support patients in accessing services.
- Information leaflets were available in easy read format.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There were 25 patients on the practice's register for carers; this was 0.3% of the practice list. This was a low number for the practice list size. The practice manager told us they attributed the low numbers to coding errors, so they were in the process of encouraging staff to identify more carers and to ensure that carers were appropriately coded. Patients who were registering at the practice for the first time were asked to identify if they were carers on the registration form and these were coded and added to the patient's record. Written information was available to direct carers to the various avenues of support available to them and the practice also offered annual flu vaccines to carers. Since the inspection we have received data from the practice to confirm that the coding errors have been rectified and the practice now has 153 patients on their carers register which represents 2% of the practice list.

Staff told us that if families had suffered bereavement, the practice manager would contact the family. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice worked with a community psychiatric nurse who held a clinic twice a week to help to provide support to their patients for their mental health and wellbeing.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice offered a minor surgery service for the practice patients and the local population.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- The practice offered text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were disabled facilities and translation services available. The practice had an electronic booking in system for patients which could be accessed in various languages. There was a hearing loop at the practice to support patients with hearing difficulties. Alerts were added to patient's medical records to inform staff of patients who needed extra support.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example patients at risk of developing diabetes. 12 patients had been diagnosed as having a

high risk of developing diabetes. A six monthly review was carried out by the GP and health care assistant to monitor how patients were progressing and to give advice on a healthy lifestyle and improvements patients could make to minimise the risk of developing diabetes.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were available from:

Monday 8.30am to 11.50 am and 1.50pm to 6pm

Tuesday 8.30am to 11.50am and 1.30pm to 4.30pm

Wednesday 8.30am to 11.20am and 1.30pm to 5.30pm

Thursday 9am to 11.50am and 1.50pm to 5.50pm

Friday 8.50am to 11.50am and 3pm to 5.50pm

Extended hours appointments were available on Wednesday and Thursday morning from 7.00am to 8.00am and Tuesday and Friday evening from 6.30pm to 7.30pm with a GP and until 7pm on Friday with a practice nurse. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.

Patient's satisfaction for telephone access resulted in low scores in comparison to local and national averages. For example:

- 31% 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%.

The practice had addressed the low scores achieved for telephone access by installing a new telephone system to improve access for patients and had increased the number of reception staff to answer calls. The telephone system was still in its infancy and had yet to demonstrate improvements in patient satisfaction.

At the last inspection in December 2015 we had identified the practice had large numbers of patients who did not



# Are services responsive to people's needs?

(for example, to feedback?)

attend appointments and no plan was in place to address this. The practice has introduced a telephone text messaging service to remind patients of appointments. No evidence was available on the day of inspection to show if this had made improvements to the number of patients who did not attend their appointments.

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.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system.

We looked at 16 complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way and responses demonstrated openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result 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

### Vision and strategy

The practice was on a journey to improve and had a clear vision to deliver high quality care and promote good outcomes for patients. The GPs and practice manager held weekly meetings to discuss objectives and overall vision of the practice; this was also discussed and monitored through staff meetings. We spoke with four members of staff who demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

### 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:

- The practice had a business continuity plan in place to guide staff on the procedures to follow if there was a major disruption to business.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.
- Practice specific policies were implemented, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- A comprehensive understanding of the performance of the practice was maintained. The practice regularly reviewed its progress and was taking part in a pilot project with Dudley CCG to introduce a new monitoring system for long term conditions.
- A programme of continuous clinical and internal audit had been introduced to monitor quality and to make

improvements. Audits were initiated as a result of national patient safety alerts, significant events and incidents; we also saw that some of the outcomes led to more focussed audits across specific areas to ensure opportunities for improvements were never missed. These audits were used to monitor quality and to make improvements. Results were circulated and discussed in the practice and there was an emphasis on shared learning and continuous quality and improvement.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw a range of comprehensive risk assessments in place where risk was monitored and mitigated.
- There was a strong focus placed on the importance of joint working with other health and social care organisations at the practice. We found that the practice had embedded a robust multidisciplinary approach to patient care. The team met frequently and engaged well with other services through a programme of multidisciplinary team (MDT) meetings, clinical education meetings and team meetings.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. This was attributed to the guidance the provider had received from the Clinical Commissioning Group since the last inspection and by reviewing the current systems they had in place and updating guidelines to ensure best practice guidelines were followed.

The GP partners, and practice manager formed the management team at the practice. Staff told us that the practice manager was helpful and had worked tirelessly since joining the practice to improve the processes and systems in place. The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns and staff told us the partners and practice manager were approachable and listened to all members of staff.

The practice held many meetings; including monthly departmental meetings, quarterly practice meetings to discuss significant events and complaints, monthly multidisciplinary (MDT) meetings and monthly health



# Are services well-led?

Good 

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

visitor meetings. Clinical education meetings were held every six weeks with attendance from all clinicians and opportunities for nurses to attend. All of these meetings were governed by agendas which staff could contribute to, meetings were clearly minuted and action plans were produced to reflect actions at each meeting. In addition to formal meetings, the GPs and practice manager met informally on a daily basis to ensure they regularly engaged and communicated as a team.

The practice also engaged with other practices through attending external meetings and educational events. For example, CCG locality meetings and the practice manager attended monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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 practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

At the previous inspection, there was no evidence of feedback being sought from patients and the results from the national patient survey had not been used to consider ways to further improve the practice. At this inspection we found the practice now proactively sought patients' feedback and engaged patients in the delivery of the service.

- At the last inspection the practice did not have a patient participation group in place. The practice has encouraged patients to join a group and they had 12 members. The group is in its infancy, but we spoke with the chair of the PPG as part of our inspection who told us that the practice was improving and were supportive of the group.

- PPG meeting minutes were circulated to members who could not always attend the meetings and the practice proactively gathered feedback from staff.
- Staff told us that departmental team meetings were held on a monthly basis and all the practice team met on a quarterly basis. Staff informed us they had the opportunity to discuss ideas, complaints, incidents and lessons learnt were shared amongst the team.
- At the last inspection in December 2015 staff told us that they had not been receiving regular reviews and appraisals. We saw evidence to confirm that this action had been completed and all staff had received an appraisal which included a personal development plan and a structured training programme. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager and GPs were supportive and approachable.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff development was a priority at the practice and all staff were commencing or attending courses to improve their personal development and support the development of the practice. For example, the practice was taking part in Triumvirate. This was a six month programme covering service redesign, business development, patient experience, succession planning and leadership skills. A GP, nurse and the practice manager were due to commence the course shortly.

The practice had engaged effectively with Dudley Clinical Commissioning Group who had supported the practice since the last inspection. The practice had implemented improvements to improve the service and monitor patient outcomes for example:

- A new telephone system had been installed to improve patient access
- New staff had been recruited which included a practice nurse and reception staff. More evening appointments were now available with the practice nurses.
- A schedule of audits had been implemented to monitor practice effectiveness and improve patient outcomes.
- A system had been set up to monitor staff development; this includes training, appraisals and clinical revalidations.

# Are services well-led?

Good 

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

- A schedule of meetings had been put in place to ensure that all staff, support services and community teams were kept up to date with patients' needs and to discuss practice developments, lessons learnt and future business plans.