

Dr Manjit Singh Kainth

Quality Report

Primrose Lane Health Centre
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Date of inspection visit: 1 March 2016
Date of publication: 05/07/2016

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?	Requires improvement		
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 Dr Manjit Singh Kainth on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system was in place for reporting significant events. However, the recording of significant events was insufficiently detailed to show that concerns identified about patients were appropriately followed up to protect them from the risk of potential harm.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive.

- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment when they needed one, which included urgent same day appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. (the 'Duty of Candour' requires that providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology).

Areas where the practice must make improvements:

Summary of findings

- Ensure that when significant events occur, patients receive reasonable support and appropriate actions are taken to prevent reoccurrence and to protect patients from the risk of harm.
- Ensure that the defibrillator is checked and maintained to confirm that it is working or that an appropriate risk assessment is carried out to demonstrate why a working defibrillator is not needed at the practice.
- Ensure that all necessary employment safety checks are completed for all staff. This should include identification checks, qualification, employment history and DBS checks.
- Consider more regular formal practice meetings or documenting discussions that take place at informal meetings.
- Ensure that staff are aware of their responsibilities relating to the cleaning of the practice and that records are completed to show cleaning schedules are maintained.
- Ensure that records are available to confirm that environmental risk assessments, including legionella and fire risk assessments have been carried out.

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

Areas where the practice should make improvements:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There was a system in place for reporting and recording significant events. Patients received a written apology, however there was a lack of evidence to show that when necessary patients received reasonable support or that all appropriate actions were taken to improve processes and 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 the risk of abuse. The practice could not confirm that all risks to patients were assessed and well managed. For example the defibrillator at the practice was not working and had not been checked since 2012 and employment checks had not been completed for locum staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were mostly higher than the average for the locality and the national average. The practice had achieved 99% of the points available and showed an exception rate reporting of 0%. Staff assessed needs and delivered care in line with current evidence based guidance. Evidence of clinical audits to demonstrate direct improvements to patient care was not available, however audits were completed to improve services at the practice. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey published in January 2016 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. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice established links with other professionals within the health care centre where the practice was situated to support ease of access for patients to other health care services. The practice had good facilities and was well equipped to treat patients and meet their needs. Urgent appointments were available the same day and priority was given to patients under the age of five. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered personalised care to meet the needs of the older people in its population. The practice offered home visits and urgent appointments for those older patients with enhanced needs.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice provided a service to care homes and weekly ward rounds were carried out. Older patients were offered longer appointments which gave them more time to discuss health issues with a clinician.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The GP and practice nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs. The practice Quality and Outcomes Framework (QOF) data for four of the five diabetes related indicators was higher than the national average. For example the percentage of patients with diabetes, on the register, who had a record of a foot examination and a risk classification related to foot health completed was 96% compared to the national average of 88%. QOF is a system intended to improve the quality of general practice and reward good practice.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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. Immunisation rates were higher than the standard for most childhood immunisations. Protected appointments were allocated for children and appointments were available outside of school hours. We saw positive examples of joint working with midwives and health visitors. The practice's uptake for the cervical screening programme was 81%, which was similar to the national average of 82%.

Good



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 practice had adjusted some of the services it offered to meet the needs of the working age population, those recently retired and students to

Good



Summary of findings

provide improved accessibility and flexibility. The practice offered on the day pre-bookable appointments and telephone consultations. The practice was proactive in offering online services and appointment text reminders. Limited extended hours were offered one evening per week with the practice nurse. Patients were signposted to local services for a full range of health promotion and screening that reflected the needs of this age group.

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 with a learning disability and carried out annual health checks for these patients. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check. The practice maintained a list of patients who experienced vulnerable circumstances and provided a service that met the needs of these patients. For example, patients who experienced homelessness. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It told vulnerable patients about how to access various support groups and voluntary organisations.

Staff had been trained 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. Staff were aware of their responsibilities regarding confidentiality, information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



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). The QOF data showed that 100% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was higher than the national average of 88%. The exception reporting rate for this indicator was 0% in comparison to the local Clinical Commissioning Group (CCG) average of 8.4% and England average of 11.1%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The percentage of patients diagnosed

Good



Summary of findings

with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 95%, which was higher than the national average of 84%. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above the local and national averages in most areas. A total of 355 surveys (12% of patient list) were sent out and 108 (30%) responses, which is equivalent to 3.7% of the patient list, were returned. Results indicated the practice performance was higher than other practices in most aspects of care, which included for example:

- 84% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 88% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 95% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 85% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received seven comment cards which were overall positive. Patients said they received a fantastic, efficient service and that all staff were helpful, caring and polite. We spoke with three patients which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. They told us that they were satisfied with the care provided by the practice, that they were always treated as an individual, with respect and given the time needed to discuss their concerns and treatment.

The practice monitored the results of the friends and family test monthly. The results for friends and family test for April 2015 to February 2015 showed that 19 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment, 14 patients were likely to recommend the practice, one patient was unlikely to recommend the practice and two patients who responded didn't know.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that when significant events occur, patients receive reasonable support and appropriate actions are taken to prevent reoccurrence and to protect patients from the risk of harm.
- Ensure that the defibrillator is checked and maintained to confirm that it is working or that an appropriate risk assessment is carried out to demonstrate why a working defibrillator is not needed at the practice.
- Ensure that all necessary employment safety checks are completed for all staff. This should include identification checks, qualification, employment history and DBS checks.

Action the service **SHOULD** take to improve

- Consider more regular formal practice meetings or documenting discussions that take place at informal meetings.
- Ensure that staff are aware of their responsibilities relating to the cleaning of the practice and that records are completed to show cleaning schedules are maintained.
- Ensure that records are available to confirm that environmental risk assessments, including legionella and fire risk assessments have been carried out.

Dr Manjit Singh Kainth

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 advisor and a practice manager specialist advisor.

Background to Dr Manjit Singh Kainth

Dr Manjit Singh Kainth is located in one of the most deprived areas of Wolverhampton. The practice is run by a single handed GP practice and provides medical services to approximately 2,935 patients. The practice has a higher proportion of patients between the ages of 70 and 85 plus years and male patients aged between 45 and 49 years compared with the practice average across England.

The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver primary medical services to the local community. They provide Direct Enhanced Services, such as the childhood vaccination and immunisation scheme and a number of other clinics which include asthma, diabetes, sexual health and high blood pressure.

The practice clinical team consists of one full time GP (male) and two practice nurses who both work part time. The practice uses a GP buddy system, using regular local GPs to cover short periods of absence and ensure that the needs of patients at the practice are met. Practice staff also include a practice manager, finance manager and four

administration/ receptionists support staff. In total there are 9 staff employed either full or part time hours to meet the needs of patients. The practice is accredited for the training of undergraduate doctors.

The practice is open between 8.45am to 7.30pm on a Monday, 8.45am to 6pm Tuesday, Thursday Friday and 8.45am to 1pm on Wednesdays. Extended surgery hours are from 6pm to 7.30pm on Mondays. The practice closes from 1pm to 1.30pm on Monday, Tuesday, Thursday and Friday. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Primecare, the NHS 111 service and the local walk-in centres.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 March 2016.

During our visit we:

Detailed findings

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

We found that the practice had a significant event policy in place and an electronic reporting system. The reporting system was easily accessible to all staff. Staff told us that they were aware of the process used to report and record significant events and confirmed that they were encouraged to report significant events. Although a system was in place, completed proformas were not seen to demonstrate that records were well documented at the time they were reported. Discussions with staff highlighted that the reporting system was more informal in practise. Staff were able to recall events that had occurred. Significant events were discussed initially with the practice manager, GP and the member of staff involved. We saw that significant events were discussed at practice meetings, however practice meetings were held infrequently. We saw the agendas and minutes of two meetings that had been held in 2015. These records showed that significant events had been discussed and included details of the action taken.

Records showed that the practice had identified two significant events over the past year. One of the events reported identified a prescribing error that had occurred. A patient had been started on a new medicine to replace a similar medicine that was regularly prescribed. The practice issued the patient with a prescription for both medicines. The error was identified at the chemist when the prescription was presented. The learning identified by the practice centred on the GP and staff being more vigilant when dealing with repeat prescription requests. However the practice had also noted concerns about the patients' ability to manage their medicines safely but had not taken the opportunity to address these concerns. Records did not show that external stakeholders had been consulted and involved in the management of this significant event. Patients received a written apology, however there was a lack of evidence to show that when necessary, patients received reasonable support and that all appropriate actions were taken to improve processes and prevent the same thing happening again.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant

legislation and local requirements and 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. The GP was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Certificates of safeguard training at the appropriate level were seen for all staff. The practice held records for children at risk and vulnerable adults. Staff were able to share with us examples of safeguarding concerns that had been reported to the appropriate agencies. Meetings were held with health visitors when appropriate to share information about children and parents they had concerns about.

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. There were cleaning schedules in place and cleaning records were kept, however these documents did not make it clear who was responsible for the cleaning, and records were not signed to confirm that the cleaning had been completed. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Clinical waste disposal contracts were in place. One of the practice nurses was the clinical lead for infection control. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. 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.

There were arrangements in place for managing medicines, and vaccinations, in the practice. Appropriate arrangements for the recording, handling and security of medicines were in place. The practice had started to review these arrangements to ensure patients were kept safe. For

Are services safe?

example the process for issuing repeat prescriptions following an incident was reviewed. The practice had identified that the medicines available at the practice to manage medical emergencies were limited and had ordered appropriate medicines to address this. The practice had a robust system for monitoring the medicine fridge temperatures which involved resetting the fridge each time it was opened and also documenting when the fridge was opened unnecessarily. We found that the fridge contained a large number of medicines which would make it difficult for cold air to circulate effectively and there was limited space for the rotation of medicines when new stock was received. Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Systems in place ensured that prescription pads and forms were securely stored and easily tracked. All medicines we looked at were within their expiry date.

We reviewed the personnel files for permanent staff employed at the practice. The files were thorough and contained appropriate recruitment checks which 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 DBS. The practice used a GP buddy system which involved using a regular local GP to cover short periods of absence to ensure that the needs of patients at the practice were met. The practice also used locum GPs occasionally. Evidence was not available to ensure that appropriate checks were carried out to confirm the suitability of the locums and buddy GPs to work with patients.

Monitoring risks to patients

The practice had limited systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed in the staff rest room area. The names of the local health and safety representatives were not identified on the poster. The practice had had regular fire drills carried out by staff that managed the health centre where the practice was situated. The practice manager told us that environmental risk assessments such as fire risk assessments and legionella assessment had been completed by the organisation that managed the health centre. (Legionella is

the term for a particular bacterium that can contaminate water systems in buildings). Records were not available to confirm this. The practice did not have a risk log in place and had not completed any other risk assessments of their own. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and maintained annually to make sure it was working properly.

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 that enough staff and staff with appropriate skills were on duty. Systems were in place to ensure some checks were carried out to confirm the suitability of potential staff to work with patients. However records we looked at for one of the nurses did not include proof of identification and a DBS checks for the member of staff. Information was not available to confirm that the GP locums and local GPs used at the practice were registered with their professional body, had completed safeguarding training and had DBS checks completed.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received recent annual update training in basic life support. Emergency equipment available on the premises included a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult and children's masks. Records we looked at showed that the defibrillator was last tested in 2012, the battery was not working and the pads needed to use the defibrillator safely had expired in 2011. The practice had made the decision that a defibrillator was not needed at the practice due to the rapid response of the ambulance service. The practice did not have a risk assessment in place to explain the reason for this decision and its plans to mitigate and risks that may occur. The practice had limited medicines for emergency use, these medicines were in date and were easily accessible to staff in a secure area of the practice. We were told and saw information to confirm that additional medicines to manage emergency situations had been ordered. These included a medicine used to treat a patient whose condition may deteriorate due to a low blood sugar.

Are services safe?

The practice had a business continuity plan in place for responding to emergencies such as loss of premises, power

failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks.

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. For example evidence of best practice guidelines were seen to be included in the plan of care for patients diagnosed with asthma. The GP and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. 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 participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 99% of the total number points available for 2014-2015 which was above the local Clinical Commissioning Group (CCG) average of 92% and national average of 93%. The practice had a clinical exception rate of 0% compared to the local CCG average of 7.5% and national average of 9.2%. Clinical 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. Further practice QOF data from 2014-2015 showed:

- Performance for diabetes assessment and care was higher than the national average in four of the five diabetes related indicators. For example, the percentage of patients with diabetes, on the register, who had a record of a foot examination and a risk classification related to foot health completed was 96% compared to the national average of 88%. The practice clinical exception rate was 0% for this clinical area. This was significantly lower than the local CCG average of 8.8% and national average of 10.8%.

- The percentage of patients with hypertension for whom the last blood pressure reading in the last 12 months was at or below a given measurement was comparable to the national average (83% compared to the national average of 84%). The practice clinical exception rate of 0% for this clinical area was lower than the local CCG average of 3.1% and national average of 3.8%.
- Performance for mental health assessment and care was higher than the national average (100% compared to the national average of 88%). The practice clinical exception rate of 0% for this clinical area was significantly lower than the local CCG average of 8.4% and national average of 11.1%.
- The dementia diagnosis rate was higher than the national average (95% compared to the national average of 84%). The practice clinical exception rate of 0% for this clinical area was significantly lower than the local CCG average of 7.7% and national average of 8.3%.

The practice was also performing well when compared to the local CCG average. However there were three indicators that required further enquiry. Data for the period July 2014 to June 2015 showed that the practice had:

- A higher average daily quantity of Hypnotics (medicines that initiate, sustain, or lengthen sleep) was prescribed per specific patient groups than the national average (0.63 compared to the national figure of 0.26).
- A lower ratio of reported versus expected prevalence for Coronary Heart Disease than the national average (0.49 compared to 0.71)
- A lower ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary disease (COPD) (0.26 compared to 0.63)

The practice was aware of these issues and had identified reasons for the large variations and the action required to improve. The GP told us that the number of patients registered at the practice had recently increased as a consequence of a retirement at a local practice. Regular informal meetings were held with the practice manager and nurse to monitor performance and to identify the areas of patients' care that needed to be reviewed. Evidence was available to show that the practice had a robust system in place to follow up patients that had not attended at least annual reviews of their condition when offered an appointment.

Are services effective?

(for example, treatment is effective)

The practice had completed two full cycle audits. Both demonstrated change but were not clinical and therefore did not demonstrate direct benefits to patients. One of the audits involved the change to a less costly medicine of equivalent effectiveness. The second audit was linked to a local CCG initiative promoting GPs to use community dermatology services instead of hospital services. The practice audit looked at reviewing the number of patients it referred to a community skin care specialist in preference to hospital based care and whether the referral was appropriate.

The practice referral rate over a three month period (28/09/2015 to 28/11/2015) showed that it had referred seven out of 21 patients (33%) with a suspected skin condition to a community dermatology service. The practice held meetings with relevant professionals to look at ways that the number of referrals could be increased. The local CCG had set a benchmark for GP practices of 80%. The review was repeated for a further three month period 28/11/2015 to 28/01/2016. The results of this review showed that 11 of 26 (42%) patients been referred to a community dermatology service an increase on the previous three months. The audit also identified that GPs had concerns about the community dermatology service. A GP peer group meeting was held to look at the efficiency of the service and how it could be improved.

Effective staffing

The practice had appointed a new member of staff they told us that they had an initial induction which involved being showed round the premises and some health and safety procedures such as the fire procedures to be followed.

The learning needs of the 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. Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had annual appraisals that identified their learning needs from which personal development plans were identified. All staff had had an appraisal within the last 12 months. Records we looked at showed that staff had also received training that included safeguarding, basic life support, infection prevention and control, chaperone training and information governance awareness.

The GP had completed clinical specific training updates to support annual appraisals and revalidation. The practice nurses received training and attended regular updates for the care of patients with long-term conditions and administering vaccinations. The practice was discussing with the practice nurses the support needed for revalidation (A process which requires nurses and midwives to demonstrate that they practise safely). The practice was accredited for the training of undergraduate doctors.

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 shared computer drive. This included risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care such as hospital or to the out of hours service.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included joint working with midwives and health visitors at baby immunisation and wellbeing check clinics. Further examples included providing a service to patients in care homes. The practice had eight patients on its palliative care register. Formal multidisciplinary case review meetings where all the patients on the palliative care register were discussed were not held. We saw evidence that the plan of care for these patients followed a recognised framework, the wider multidisciplinary team were involved in the planning and delivery of patients care and treatment. Patients were referred for specialist care when needed, patients wishes on their place of death were observed and decisions related to resuscitation should their health deteriorate was documented.

Consent to care and treatment

We found that staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had a comprehensive policy on obtaining consent which included the process for patients to withdraw their consent and the process for obtaining patients consent to having a student present during consultation and treatment. When

Are services effective?

(for example, treatment is effective)

providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to local community services for smoking cessation and dietary advice. The practice nurse had recently completed a smoking cessation course to enable the practice to offer smoking cessation support. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website. The practice had sought the support of the local learning disability team to complete health assessments for patients with a learning disability. Patients had access to appropriate health assessments and checks.

National cancer screening data published by Public Health England in March 2015 showed that the number of patients who engaged with the national cancer screening programmes was lower than or similar to the local and national averages:

- 66% of eligible females aged 50-70 years had been screened for breast cancer in the last 36 months. This was just below the local average of 68% and national average of 72%.
- 44% of eligible patients aged 60-69 had been screened for bowel cancer in the last 30 months. This was lower than the local average of 52% and national average of 58%

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014-2015 QOF year was 81% which was comparable to the national average of 82%. (Exception reporting for cervical screening was 0% which was much lower than the local CCG and national average of 6.3%). The practice was proactive in following these patients up by telephone and sent reminder letters and encouraged patients to attend national screening programmes.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 87% to 100%, children aged two to five 93% to 100% and five year olds from 70%% to 100%. Information available showed that parents that missed appointments were written to about the importance of attending, and the health visitor was also informed.

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. We saw that reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and patients were offered a private area where they could not be overheard to discuss their needs.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received seven completed cards. The comments received were overall positive about the practice and staff. Patients commented that the service was fantastic, excellent and were happy with the level of service they received. We also spoke with three patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Patients told us that they were treated with respect and dignity and that the GP and staff treated them as individuals, listened to their concerns and were very kind, caring and friendly.

Results from the national GP patient survey results published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average or similar to the satisfaction scores on consultations with GPs and nurses. For example:

- 92% of the patients who responded said the GP was good at listening to them compared to the (CCG) average of 83% and national average of 89%.
- 92% of the patients who responded said the GP gave them enough time (CCG average 83%, national average 87%).
- 98% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 84% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 94% of the patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 94% of the patients who responded said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than or similar to the local and national averages. For example:

- 92% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 88% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 90% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

The practice had a carers' policy in place. This provided a definition of a carer for staff, details of the local carer support schemes available and a referral form for the practice to formally refer patients to the scheme. Further written information was available for carers to ensure they understood the various avenues of support available to them. This included notices in the patient waiting room

Are services caring?

which told patients how to access a number of support groups and organisations. There were 88 carers on the practice carers register, which represented 3% of the practice population. The practice's computer system alerted the GP and nurse if a patient was also a carer. The practice also had 75 patients who were identified as cared for. These patients lived in care homes or supported housing accommodation. This represented 2.6% of the practice population.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- The practice was a single handed practice led by a male GP. Information on the practice website and leaflets ensured that potential female patients were aware that there was no female GP at the practice. Female patients could express a preference to have a female nurse to provide some of their care and treatment. Patients were also made aware that they could access a chaperone, if required.
- The practice staff were aware of patients living in vulnerable circumstances and ensured that they could register with the practice without a fixed address.
- There were longer appointments available for patients with a learning disability, older people, new patients and patients with long-term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations were available every day after morning clinics and extended hours appointments were available on Monday evenings with a practice nurse.
- Facilities for patients with mobility difficulties included level access to the automatic front doors of the practice, toilets for patients with a physical disability. Mothers who were breastfeeding had access to a breastfeeding room and patients with babies also had access to baby changing facilities.
- The practice had access to translation and interpretation services to ensure patients were involved in decisions about their care. Patient information leaflets were available in a larger print for patients who were visually impaired.
- The GP carried out weekly ward rounds to patients in care homes. Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.

Access to the service

The practice opening times were less than the contracted hours the GP practice was required to be open. The practice was open between 8.45am and 7.30pm on a Monday, 8.45am to 6pm Tuesday, Thursday Friday and 8.45am to 1pm on Wednesdays. Extended surgery hours were from 6pm to 7.30pm on Mondays. The practice was closed for lunch from 1pm to 1.30pm on Monday, Tuesday, Thursday and Friday. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen. When the practice was closed patients were directed to the out of hours service Primicare, the NHS 111 service and the local Walk-in Centres. Calls were transferred to the out of hours services after 5.30pm, Wednesday afternoon and when the practice was closed for lunch.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was higher than or similar to local and national averages.

- 88% of patients said they were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had improved access to the practice through the introduction of a new telephone system, online booking and text reminders.

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. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system including a poster and practice leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Records we examined showed that the practice responded formally to both verbal and written complaints.

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

We saw records for four complaints received over the past 12 months and found that all had been responded to, satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken 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 had a clear vision to deliver high quality care and promote good outcomes for patients. Although a written strategy was not available, the practice had highlighted their vision in its statement of purpose. This contained details of the practice's aim to ensure the services provided met the needs of its patients. Staff and patients felt that they were involved in the future plans for the practice for example, the practice sought the views of patients and input of the patient participation group (PPG) on how it could improve access to the practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

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

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice held formal meetings approximately twice a year at which governance issues were discussed to ensure all staff had a comprehensive understanding of the performance of the practice. These meetings were also supported by informal meetings held by the GP, practice manager and practice nurse.
- The practice carried out internal audits, however the audits we looked at were not clinical audits to demonstrate direct benefits to patients.
- Arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were not robust to ensure that patients and staff were protected from the risk of harm.

Leadership and culture

The GP at the practice had the experience, capacity and capability to run the practice and ensure high quality care. The management team was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice manager told us that an open door policy was operated for all staff. There was a clear leadership structure in place and staff felt supported by the management team. Staff we spoke with were positive about working at the practice and felt that they worked in a caring and compassionate environment. Staff told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Staff described the culture at the practice as open, transparent and very much a team approach.

Practice meetings were not held regularly. We saw minutes for two formal meetings held in 2015. Practice staff told us that informal meetings and discussions were held. These were not documented to show what discussions took place or any action to be taken identified. The practice had an open door policy and staff felt confident to raise any issues or concerns at these meetings. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG), which consisted of six patients who met face to face. The group met three monthly and submitted proposals for improvements to the practice management team. Patients had run a campaign to obtain identified parking for the practice and had been involved in the introduction of a new telephone system to improve access to the practice. The practice had gathered feedback from patients through the PPG, suggestion box and through surveys and complaints received. Feedback from patients

Are services well-led?

Good 

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

and the PPG included a request for the practice to be opened at the weekend. The practice was looking at this request and was collating data which included the number of patients registered at the practice who accessed walk in centres or accident and emergency services at the weekend.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this. We found that the outcome of these was not always followed through to evidence that patients received appropriate support where a risk of potential harm was identified.

The practice was involved in local pilot initiatives which supported improvement in patient care across Wolverhampton. The practice was involved in the pilot of a

model of care to promote joint working across primary, community and secondary care to provide a multidisciplinary approach to care and improvements to the care of patients who lived in care homes.

The practice had recently employed new staff to support the management of patients with long term conditions, meet the needs of female patients and to promote healthy living by offering smoking cessation appointments and health checks to patients aged between 40 and 75. The GP could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients. The practice took part in a number of university linked research projects and had achieved 'Research Ready' accreditation issued by the Royal College of General Practice (RCGP) and dated for the period 2015 to 2018. RCGP Research Ready is an online quality assurance framework, designed for use by any general practice in the UK actively or potentially engaged in research, on any scale. The accreditation enabled the practice to demonstrate their legal, ethical, professional, governance and patient safety responsibilities at all stages of the research process. The practice is accredited for the training of undergraduate doctors.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: The provider did not ensure that all equipment used by the service provider was suitable for the purpose for which they were to be used – <ul style="list-style-type: none">• Appropriate contingency plans and arrangements were not in place to mitigate the risks to people using the service.• Equipment was not properly maintained. Suitable arrangements for the maintenance of equipment was not in place to ensure that it was safe to use and met the requirements of current legislation and guidance and manufacturers' instructions.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not ensure systems and processes were in place to: <ul style="list-style-type: none">• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The provider had not ensured that they had gathered all available information to confirm that they had made all appropriate checks on persons employed for the purposes of carrying on a regulated activity before they are employed.