

Brace Street Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

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 Brace Street Health Centre on 7 March 2017. Overall the practice is rated as good.

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

- There were areas where adequate arrangements to respond to medical emergencies had not been formally established to ensure timely responses to emergencies situations.
- There was a system in place for reporting and recording significant events. The practice demonstrated where they had responded and learned from safety incidents.
- The practice had clearly defined and embedded systems to minimise risks such as fire and health & safety within the premises.
- Patient Group Directions (written instructions for nurses) were not authorised for their intended use. For example, we saw that PGDs were not signed by an appropriate person.
- Data from the Quality and Outcomes Framework showed patient outcomes for some clinical areas were at or below average compared to the local and national average. The uptake of national screening programs such as breast and bowel cancer screening were below local and national averages. However, processes were in place aimed at encouraging patient uptake.
- Staff were aware of current evidence based guidance and carried out clinical audits to evaluate whether quality improvements had been achieved as a result of new ways of working. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Completed Care Quality Commission comment cards showed that patients felt they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

However, results from the national GP patient survey showed that patient's satisfaction with some areas such as length of appointment times; appointment access and helpfulness of reception staff was below local and national averages.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. New ways of working were established in response to survey results.
- 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.
- Although the practice had an overarching governance framework, we saw areas where some systems and processes were not effectively operated. For example; systems for tracking and monitoring the use of prescription pads were not operated effectively.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- In the absence of some emergency medicines used to respond to medical emergencies the practice must assess, monitor and adopt formal control measures to respond and mitigate risks.

- Implement systems to ensure Patient Group Directions are appropriately authorised to ensure medicines are administered in line with legislation.

The areas where the provider should make improvement are:

- Establish and operate effective processes to track the use of prescription stationary within the practice.
- Continue to engage with patients to ensure appropriate monitoring of medicines takes place as part of, and align with, patients care and treatment plans.
- Continue to review and monitor practice performance; implementing systems and processes to improve the quality of services in response to national and practice initiated survey results.
- Consider whether limited access to routine nursing appointments for reviews and screenings such as cervical cytology impacts on patients and continue exploring effective ways to improve the uptake of national screening programmes.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Consider how they would support patients with hearing impairments in the absence of hearing loop.

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?

- We saw areas where adequate arrangements to respond to some medical emergencies were not formally established to ensure timely responses to incidents. For example, arrangements for responding to medical emergencies' such as anaphylaxis (an allergic reaction), acute severe asthma, nausea and vomiting; suspected bacterial meningitis and epileptic fits within the practice were not formally established.
- The practice did not establish or operate an effective system to ensure Patient Group Directions (written instructions for nurses) were authorised for their intended use. For example, we saw that PGDs were not signed by an appropriate person.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written 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 to minimise risks such as fire and health & safety within the premises. The practice also operated an effective system for carrying out pre-employment checks.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

- Data from the Quality and Outcomes Framework showed patient outcomes for some clinical areas were at or below average compared to the local and national average.
- Although the practice was performing below local and national averages for the uptake of national screening programs such as breast and bowel cancer screening, staff we spoke with were able to demonstrate actions taken to increase patient uptake.
- Staff were aware of their performance as well as current evidence based guidance; and used clinical audits to demonstrate whether quality improvements had been achieved as a result of new ways of working.

Good



Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- For example, the practice responded to areas of the July 2016 national GP patient survey where performance were below local and national averages. This involved discussions around the effective management of appointment times and training around communication skills.
- Patient feedback from the comment cards we received showed that patients felt involved in decision making about the care and treatment they received.
- Information for patients about the services available was accessible within the practice and also via the practice website.
- There was a clinical lead responsible for identifying carers and keeping the carers list up to date. The practice had a comprehensive carers pack and offered pre and post bereavement support for families.
- During the inspection we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



- The practice understood its population profile and had used this understanding in most areas to meet the needs of its population. For example, reception staff were multilingual therefore able to speak and understand several languages.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was mainly comparable to local and national averages.

Summary of findings

- CQC comment cards we received were also aligned with this feedback. However, some less positive comments related to access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



- Although the practice had an overarching governance framework, we saw areas where systems and processes were not effectively operated.
- For example, the practice did not operate an effective system to ensure Patient Group Directions were authorised for their use, track the use of prescription pads; establish effective arrangements to identify, monitor or manage risks.
- The provider was aware of and complied with the requirements of the duty of candour. The management team encouraged a culture of openness and honesty.
- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with as part of the inspection were clear about the vision and their responsibilities in relation to it.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The practice sought feedback from staff. The practice had an active patient participation group (PPG) and we saw measures in place in order to seek feedback from patients, which it acted on.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, patients who were prone to recurrent falls and those with fragile bones which made them more likely to break were referred to the local falls services, referred for bone density scans and referred to secondary care when required.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a named lead who identified at an early stage older patients who might need specialist care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients were sign posted to Age UK.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients diagnosed with diabetes who had a blood sugar reading which showed that the condition was being controlled appropriately was 76%, compared to the CCG average of 79% and national average of 78%.
- Patients had access to a diabetic nurse who attended the health centre once a fortnight. There was a clear referral processes were in place.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

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

- The practice was able to demonstrate systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Staff we spoke with were able to describe how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG and national average of 81%.
- The practice provided support for premature babies and their families following discharge from hospital. GPs and practice nurse operated a weekly baby clinic where immunisations were given and GPs carried out health checks. Immunisation rates were relatively high for most standard childhood immunisations.
- The premises were suitable for children and babies. Appointments with GPs were available outside of school hours. However, nurse appointments were not available before 9am or after 3pm. Rooms were available for breast feeding and there were baby changing facilities.

Good



Summary of findings

- The practice worked with midwives, health visitors and school nurses where possible to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice implemented new diabetes management protocols and provided information to raise awareness in young patients. As a result we were told that clinicians were able to identify young patients with diabetes at an early stage.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted some services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available with GPs. However, access to a practice nurse appointments were more limited.
- The practice was proactive in offering online services, telephone consultations; test results were available online for those with patient access as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that annual reviews were carried out.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice had clear referral processes for patients with opiate and alcohol dependency allowing them to access the local addiction service.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a carers list. Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 0.6% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care plans reviewed in a face-to-face review in the preceding 12 months; however, 33% were exception reported, compared to the CCG and national average of 7%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs; data provided by the practice showed that 84% received a medicines review in the past 12 months.
- The percentage of patients diagnosed with mental health who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 92%, which was comparable to the CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with during the inspection 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 was performing in line with local and national averages. 360 survey forms were distributed and 108 were returned. This represented 30% completion rate.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mainly positive about the standard of care received. For example, patients felt that they were treated with dignity and respect. Staff were helpful, caring and responded to patients needs with compassion and patients felt that staff listened to their needs. However, 16% of patients who completed a CQC comment card felt less positive about access to appointments, the level of privacy at reception which was due to the reception area being open plan. The practice had put up posters advising patients to be mindful of patients privacy when waiting within reception.

Areas for improvement

Action the service **MUST** take to improve

- In the absence of some emergency medicines used to respond to medical emergencies the practice must assess, monitor and adopt formal control measures to respond and mitigate risks.
- Implement systems to ensure Patient Group Directions are appropriately authorised to ensure medicines are administered in line with legislation.

Action the service **SHOULD** take to improve

- Establish and operate effective processes to track the use of prescription stationary within the practice.
- Continue to engage with patients to ensure appropriate monitoring of medicines takes place as part of, and align with, patients care and treatment plans.

- Continue to review and monitor practice performance; implementing systems and processes to improve the quality of services in response to national and practice initiated survey results.
- Consider whether limited access to routine nursing appointments for reviews and screenings such as cervical cytology impacts on patients and continue exploring effective ways to improve the uptake of national screening programmes.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Consider how they would support patients with hearing impairments in the absence of hearing loop.

Brace Street Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Brace Street Health Centre

Brace Street Health Centre is located in Walsall, West Midlands situated in a multipurpose modern built NHS building shared with other health care providers; providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Brace Street Health Centre are below the national average, ranked at two out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Based on Public Health England data the estimated ethnicity of the practice patient population are 4% mixed, 41% Asian, 5% black and 2% other non-white ethnic groups. The practice serves a higher than average patient population aged five to 59, and below average for ages 60 to 64 and 75 to 89.

The patient list is approximately 2,920 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced

service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients; for example, Childhood Vaccination and Immunisation Scheme.

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

The practice staffing comprises of one female lead GP, three locums (two male and one female), one practice nurse and a practice manager. The GP, practice manager and senior receptionist form the management team and they are supported by a team of five staff members who cover reception, secretarial and administration roles.

The practice is open between 9am and 6.30pm on Mondays and Fridays, 9am and 7.20pm Tuesdays and Thursdays; 9am and 1pm on Wednesdays.

GP consulting hours are from 9am and 6.30pm on Mondays and Fridays, 9am and 7.20pm Tuesdays and Thursdays; 9am and 1pm on Wednesdays. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During the practice in hour's closure on Wednesdays from 1pm to 8am, services are provided by WALDOC (Walsall doctors on call).

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

Detailed findings

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 March 2017. During our visit we:

- Spoke with a range of staff such as GPs, nurses, receptionists, administrators and managers.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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).
- The practice actively reported incidents following NHS England's national Reporting and Learning System. Seven significant events were documented during 2015/16. From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example; we saw actions taken such as discussions with staff to ensure they were following practice procedures when booking emergency appointments. Members of the management team explained that staff were reminded of the need to follow the appointment pathways and to contact GPs if unable to allocate an emergency appointment.
- The practice carried out yearly analysis of significant events in order to monitor trends and evaluated any action taken.
- We reviewed the management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated safety alerts to clinicians and non-clinical staff. The practice proactively worked with

the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example, we saw evidence of actions taken to ensure compliance with medical device alerts such as checking batches of GlucaGen hypokit (used to treat low blood sugar levels in an emergency) and the working status of the defibrillator (a device used on a person who is having a cardiac arrest). The practice also carried out searches to identify whether patients in receipt of medicines used to lower cholesterol levels or medicines used to treat high blood pressure were being managed in accordance to the safety alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff and deputy lead for safeguarding. From the sample of two documented examples we reviewed we found that the GPs provided reports where necessary for other agencies and we were told that they would attend safeguarding meetings when possible.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses had received child safeguarding level three and safeguarding adults training. Non-clinical staff were trained to level one child safeguarding.
- 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.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken by an external infection control specialist within the last 12 months and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines and vaccines in the practice minimised risks to patient safety in most areas (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We saw examples where monitoring had not taken place; however, the practice demonstrated where they had proactively attempted to recall patients who had not responded to initial request to attend medicine reviews.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams as part of a local improvement scheme, to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff explained that in addition to this support the practice funded a further four hours of support from the pharmacy team.
- Prescription stationary were securely stored, however the practice did not operate an effective systems to monitor their use. For example, prescription stationary was locked away and prescription numbers recorded; however, prescription pads distributed throughout the practice were not being recorded or tracked. Staff we spoke with explained that the use of prescription pads for home visits were very minimal due to the introduction of the electronic prescribing service. We were told that GPs were requesting prescriptions electronically once they returned to the surgery as opposed to during home visits.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, PGDs we viewed had not been signed by an appropriate person such as a GP or

practice manager. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We also saw that appropriate recruitment checks had been carried out on locum GPs.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked by a professional contractor to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However, staff we spoke with explained that they were aware of the need to expand the clinical team to allow more flexible patient access.

Arrangements to deal with emergencies and major incidents

Are services safe?

Arrangements to respond to emergencies and major incidents were in place; however some emergency medicines were not available and the need for these medicines had not been formally assessed.

- Medicines we checked were in date and stored securely. We saw that a limited range of emergency medicines were accessible to staff in a secure area of the practice and staff we spoke with knew of their location. However, medicines used to respond to various medical emergencies such as anaphylaxis (an allergic reaction), acute severe asthma, nausea and vomiting; suspected bacterial meningitis and epileptic fits were not kept within the practice. Staff we spoke with explained that they had discussed access to emergency medicines and explained that they were able to access the local pharmacy and emergency services were able to respond in a timely manner when required. However, the practice was unable to provide a completed risk assessment to demonstrate that any potential risks had been explored with detailed safety measures such as

arrangements with the local pharmacy implemented. Following the inspection the practice provided evidence, which demonstrated that they had increased the variety of emergency medicines available within the practice.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were a limited range of emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception rate was below the CCG and national averages; 5%, compared to CCG average of 7% and national average of 10%, (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall performance for diabetes related indicators was lower than the CCG and national averages. For example, 77% compared to CCG average of 93% and national average of 90%.
- 76% of patients diagnosed with diabetes had a blood sugar reading which showed that the condition was being controlled appropriately, compared to CCG average of 79% and national average of 78%.
- 86% of patients with diabetes, on the register, with a diagnosis of kidney disease were treated with

recommended medicine, compared to CCG average of 96% and national average of 93%. Unverified data for 2016/17 provided by the practice showed that performance had increased to 93%.

- Performance for mental health related indicators was comparable to the local and national averages. For example 92% had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 89%.
- 100% of patients diagnosed with dementia had their care plans reviewed in a face-to-face review in the preceding 12 months; however, 33% were exception reported, compared to the CCG and national average of 7%.
- The percentage of people aged eight or over with a correct diagnosis of asthma recorded in the last 12 months was 83%, compared to CCG average of 90% and national average of 89%.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 80%, compared to CCG average of 88% and national average of 87%.

Staff we spoke with were aware of the practice performance and were able to explain actions taken to improve areas of lower performance. For example, the management team explained that designated staff operated a call and recall system for contacting identified patients, booking them in for reviews. Staff we spoke with explained that the high exception reporting rates for patients diagnosed with dementia related to the number of patients who were unable to respond during their care plan review due to their condition. We saw documentation which showed that the practice were actively attempting to review patients diagnosed with diabetes; extra GP sessions were made available, which we saw evidence of during the inspection. We were also told that a diabetic nurse attended the health centre once a fortnight and referral processes were in place.

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been nine clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice carried out actions to ensure accurate recording of clinical records; appropriate reviews were carried out and actions taken when required. As a result, we saw appropriate management of patients on long term medicines.
- The practice worked closely with the CCG medicines management team to ensure that prescribing programs achieved quality improvement.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions we were told that they received training from community nurse lead, attended training at the local hospital and completed training electronically.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- 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 was able to demonstrate how they shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice took part in Gold Standard Framework multi-disciplinary team meetings for patients with end of life care needs. (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life). The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- 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 and patients had access to a physiotherapist within the practice.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG and the national average of 81%. The practice provided 2017 unverified data which showed an uptake of 71%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. Staff explained that the practice had increased their uptake rate over the last seven years from 58% to 71%. The practice carried out an audit to assess the rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one couldn't be read properly). Audits provided by the practice showed that the rate of inadequate result was 1%, which was within CCG acceptable range.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. However, data showed that the practice was mainly performing lower than local and national average. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 77% compared to CCG average of 58% and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 70% compared to CCG average of 75% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 41%, compared to CCG average of 52% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 37%, compared to CCG average of 50% and national average of 57%.

Staff we spoke with explained that the practice were involved in a local bowel screening pilot, which started in April 2016. This involved calling patients or using video link to discuss any concerns about the screening process with a view to increase the uptake.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 90%, compared to CCG averages of 98% for first dose and 93% for second dose; and national averages of 94% for first dose and 88% for second dose.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some of the less positive comments related to the level of privacy when at the reception desk due to it being open plan. Staff we spoke with explained that they were unable to make changes to the layout of the reception area; however, there were posters up advising patients of the need to stand back when waiting to respect patient privacy.

Results from the national GP patient survey, published in July 2016, showed variation in how patients felt they were treated with compassion, dignity and respect. The practice was lower than local and national averages for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 87% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared with the CCG and national average of 87%.

The practice were aware of the national GP survey data and was able to demonstrate where they had discussed with staff actions to improve survey results. For example, to address results relating to clinicians giving patients enough time and the helpfulness of reception staff. This included staff training around communication techniques and effective management of appointment times for members of the nursing team.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received showed that patients felt involved in decision making about the care and treatment they received.

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

Are services caring?

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and national average of 86%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

We saw various patient information leaflets and notices available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (0.6% of the practice list). Staff we spoke with explained that they had discussed ways of increasing the identification of carers during practice meetings. Clinical staff were advised to check during appointments; new patient registration forms identified whether patients were or had carer's responsibilities. Staff also explained that a carer's awareness event had been planned for the end of March 2017 with representatives from the local carers centre to provide patients with advice and information. Following the inspection, members of the management team explained that the awareness day had been rescheduled for June 2017. Written information was available to direct carers to the various avenues of support available to them. Data provided by the practice showed that 61% of carers received a health check, 89% had a flu vaccination and 61% had their stress levels reviewed in the past two years. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice new patient registration form included questions which identified carers and the practice were actively updating records when patients attended the practice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesdays and Thursday evening from 6.30pm until 7.20pm for patients who could not attend GP appointments during normal opening hours. The practice also offered eight online appointments per day. However, early or late nurse appointments were not available for patients who were unable to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patient's complex needs. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Staff explained that there was a named clinical lead and dedicated administrator who took responsibility for these patients and management of their care needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were plans to implement a text messaging service, which will be used to remind patients of their appointments and test results.
- Patients were able to receive travel vaccines available on the NHS. Staff referred patients to other clinics for vaccines available privately such as yellow fever vaccinations.
- There were accessible facilities, which included access to an interpretation services; however, a hearing loop was not available in the practice. Staff we spoke with explained that they had a low number of patients with hearing difficulties; these patients often attended with carers.
- Reception staff were multilingual therefore able to speak and understand several languages.
- Patients were able to access in-house services such as family planning advice, ante-natal clinics and baby

clinics. We were told that Walsall CCG identified that the practice were over referring patients to secondary care. As a result the practice discussed this with the PPG group and secured additional hours for a pharmacist to attend the practice every Friday from 9am to 1pm. Staff explained that the pharmacist would see patients who had medical queries.

- GPs and the practice nurse operated a weekly baby clinic where immunisations were given and GPs carried out health checks. Members of the clinical team explained that they carried out pre-diabetes checks on expecting mothers during their pregnancy.
- Clinicians explained that the practice responded to a NICE guideline relating to diabetic care. The practice implemented new protocols and raised awareness in young patients. As a result we were told that clinicians were able to achieve early identification of young patients with diabetes.
- Patients with no fixed abode were able to register at the practice and we saw evidence of a practice policy to support this.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 9am and 6.30pm on Mondays and Fridays, 9am and 7.20pm Tuesdays and Thursdays; 9am and 1pm on Wednesdays. Appointments were available from 9am to 6.30pm on Mondays and Fridays, 9am to 7.20pm Tuesdays and Thursdays; 9am to 1pm on Wednesdays. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During the practice in hour's closure on Wednesdays from 1pm to 9am Thursday mornings, services are provided by WALDOC (Walsall doctors on call). In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 36% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 85%.

Completed CQC comment cards showed that patients mainly responded positively regarding access and securing appointments. However, 16% of completed comment cards showed that some patients felt less positive about appointment access. Clinical staff we spoke with explained that as the clinical team had reduced this increased their clinical and administrative workload. As a result staff felt that this coupled with the volume of patients who did not attend (DNA) their appointments impacted on national survey results. Data provided by the practice showed that between January 2016 and October 2016 there were an average of 60 DNAs per month. The practice action plan in response to the national GP patient survey and internal survey results included raising awareness of the impact of DNA appointments by placing notice boards in reception; patients were advised to utilise Pharmacy first for minor ailments and appointment text reminders were sent to patients.

The practice had a system in place to assess, whether a home visit was clinically necessary and the urgency of the need for medical attention.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The practice actively referred complaints to external organisations when required such as NHS England.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed copies of the practice complaints policy and comments, suggestions and concerns forms.

The practice received four complaints in the last 12 months; we looked at two of these complaints and saw they were dealt with in a timely way, with openness and transparency when dealing with the complaint. The practice carried out yearly analysis of complaints and produced a report, which they disseminated throughout the practice. The report demonstrated an effective system for learning from individual concerns and complaints and a proactive approach to identification of trends and actions required to improve the quality of care. For example, all reception staff were placed on customer service training and provided with increased awareness of effective conflict resolution skills.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The management team were actively seeking to secure the future of the practice following the retirement of a GP partner.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Members of the management team explained that following the retirement of a GP partner the practice have explored a number of options to secure the future of the practice. For example, the practice held discussions with potential GP partners other neighbouring practices and super partnerships regarding the possibility of merging.
- The practice had a strategy and supporting business plans which reflected the vision and values.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, areas of the framework were not effective which meant systems and processes to assess and manage risks were not effectively established or embedded in some areas. For example:

- The practice did not operate an effective system for monitoring and tracking prescription stationary or systems to ensure Patient Group Directions were signed by a nominated person.
- Risk assessments and formal arrangements to respond to some medical emergencies had not been carried out and appropriate arrangements were not formally established. For example, in the absence of some medicines used to respond to certain medical emergencies the practice had not carried out a risk assessment.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- However, the practice did not assess whether limited access to routine nursing appointments for reviews and screenings such as cervical cytology impacted on patients. As a result data showed that the uptake of national screening programs were below local and national averages.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Data from the national GP patient survey showed areas where patients satisfaction such as access was below local and national averages. The practice identified that a reduced clinical team impacted on this, and members of the management team were exploring ways to address the issues identified.
- The practice operated an established, effective and accessible system for receiving, recording, handling; responding and learning from complaints and significant events. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They recognised the impact of being a GP partner down and told us they worked hard to maintain standards of safe, high quality and compassionate care.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go

Are services well-led?

Good 

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

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us the managers were approachable and always took the time to listen to all members of staff. There was an open culture within the practice and staff explained that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice discussed raising awareness of the benefits of registering with patient online services and the issues surrounding monthly DNA rates. The practice carried out an audit which showed 3% of patients had registered for online access. Staff were supporting newly registered patients and also allowing existing patients to register when attending for appointments. As a result, the practice saw an increase. For example; 4% of patients were registered to access online services such as appointment booking, ordering repeat prescriptions and access to medical records.
- The practice encouraged feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nurses explained that they were not having a positive response for the uptake of smear tests, therefore suggested that invitation letters were more personalised by adding specific clinician's names. As a result the nursing team explained that they saw a slight increase in the amount of women attending nurse appointments. Staff told us they felt involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor or adopt formal control measures to mitigate risks to patients. For example, the practice did not carry out a risk assessment or establish formal arrangements in the absence of emergency medicines used to respond to certain medical emergencies.</p> <p>The registered person did not implement systems to ensure Patient Group Directions were appropriately authorised to ensure their use remained in line with legislation.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>