

Bath Street Medical 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected Bath Street Medical Centre on 26 July 2016. The inspection in July 2016 was a comprehensive follow up inspection, as the practice was originally placed in to special measures under the previous provider in November 2015. Shortly after our inspection, the previous provider had retired from the practice and a salaried GP was appointed as the new principal GP.

As a result of our inspection visit on 26 July 2016, the practice was rated as requires improvement. Specifically, the practice was rated as requires improvement for providing effective and caring services and a requirement notice was issued to the provider. This was because we identified regulatory breaches in relation to regulation 17, Good governance. Furthermore, we identified some areas where the provider must make improvements and additional areas where the provider should improve.

We carried out an announced comprehensive inspection at Bath Street Medical Centre, on 7 June 2017. This

inspection was conducted to see if improvements had been made following the previous inspection in 2016. You can read the reports from our previous inspections, by selecting the 'all reports' link for Bath Street Medical Centre on our website at www.cqc.org.uk.

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

- During our inspection the principal GP explained that female patients who declined to be examined by the male GP were referred to the practice nurses to carry out gynaecology examinations and breast examinations. We raised this as a concern during our inspection as the nurses were not trained in these areas and this posed the risk of women receiving false reassurance leading to delayed or missed diagnoses. Members of the management team assured us that they would not continue with this process until nurses completed required training; we received further information shortly after our inspection to confirm that

Summary of findings

the nurses were scheduled in for breast examination screening on 6 July 2017. We did not receive further information with regards to gynaecological examinations.

- Following our inspection the practice provided evidence of a statement from a secondary care consultant confirming that the nurses spent a day in the breast symptom clinic, observing history taking and breast examinations. The nurses also performed a breast examination whilst supervised in secondary care. As an additional measure the practice was also in the process of appointing a female GP, this would also provide patients with the option of being examined by a female GP.
- We saw that the practice shared learning from significant events, complaints and incidents.
- When we inspected the practice in July 2016 we found that the GPs were not included in multi-disciplinary team meetings and practice meetings. When we returned to the practice most recently we saw minutes of meetings demonstrating that the GPs attended the meetings.
- There was a system in place to monitor action taken in relation to safety alerts; however during our inspection we found that the practice had not signed up to receive all national safety alerts.
- Staff we spoke with said that whilst they felt supported there was not always support in place when reporting concerns in the practice and sometimes staff felt pressured due to busy workloads. Members of the management team advised that the planned recruitment of a non-clinical staff member and increased clinical hours should help to ease the pressure on staff.
- During our most recent inspection we found that the practice's carers register had increased to 3%. The practice offered annual reviews and flu vaccinations for anyone who was a carer; there was supportive information in place for carers to take away as well as information available through the practice website.
- The practice performance was below local and national averages for some areas of the national GP Patient survey, such as involvement in planning and making decisions about their care and treatment.

Although we saw that some changes had been implemented in relation to the survey, the practice could not demonstrate if these changes had been effective.

- Patient participation group (PPG) feedback indicated that meetings were unstructured and we received mixed feedback with regards to acting on suggestions made by the PPG.
- The practice provided further information and assurance to demonstrate that improvements had been made since our inspection took place. However, we noted that for some areas this approach was reactive. For instance, during our inspection we were provided with unclear and conflicting information from staff across areas such as fire safety; tests and evacuation drills. Following our inspection the practice assured us that a meeting was held with staff to reiterate procedures including fire tests and drills. The improvements made since our inspection took place will be followed up as part of our next inspection.

The areas where the provider must make improvements are:

During our inspection on 7 June 2017 the principal GP explained that female patients who declined to be examined by the male GP were referred to the practice nurses to carry out gynaecology examinations and breast examinations. We raised this as a concern during our inspection as the nurses had not received specific training in these areas.

The Care Quality Commission contacted the provider on 13 July 2017 to request that the practice did not continue with this process until nurses completed required training.

- The provider must ensure that they comply with this arrangement
- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

I am placing this service back in to special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements

Summary of findings

have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a

further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

Inadequate



- During our inspection the principal GP explained that female patients who declined to be examined by the male GP were instead referred to the practice nurses to carry out gynaecology examinations and breast examinations. We raised this as a concern during our inspection as the practice nurses were not trained in these areas and this posed the risk of women receiving false reassurance leading to delayed or missed diagnoses.
- When we inspected the practice in July 2016 we found that the GPs were not included in practice meetings where significant events and incidents were discussed. When we returned to the practice most recently we saw minutes of meetings demonstrating that the GPs attended the meetings.
- There was a system in place to monitor action taken in relation to alerts; however during our inspection we found that the practice had not signed up to receive all national safety alerts.
- We saw that in most cases, appropriate recruitment checks had been undertaken prior to employment. We noted that there was no proof of identity or satisfactory evidence of conduct in previous employment for the healthcare assistant that temporarily worked at the practice until 10 May 2017.
- We found that prescription stationery was not securely stored and the practices system for monitoring and tracking prescription stationery was not effective in all areas. Shortly after our inspection took place we received evidence and assurance that adequate security was put in place and systems had been adapted to appropriately monitor all prescription stationery.
- As part of our inspection we looked at the practices process for managing referrals and correspondence from secondary care and we found that in most cases items such as referrals and discharge letters were efficiently processed. However, we identified one instance where correspondence was not acted on in a timely manner. Following our inspection, the practice provided further information and assurance that necessary action was taken once they were made aware of the incident in question.

Summary of findings

Are services effective?

The practice is rated as requires improvement for providing effective services.

- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.
- We noted performance had improved across specific areas such as dementia and mental health care. However, during our inspection we found that there was limited evidence of quality improvement activity in the practice, for instance there was no evidence of completed clinical audits since our previous inspection in July 2016
- Previously, we found that the principal GP did not attend multidisciplinary (MDT) meetings and there was no evidence that the practice had reviewed their patient deaths and key information such as cause of death and specific care orders. During our most recent inspection minutes of MDT meetings demonstrated that the GP was regularly in attendance.
- We saw that vulnerable patients, safeguarding, patient deaths and patients with complex needs were regularly discussed during the MDT meetings.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services.

- Patients spoke positively about the practice team and told us they were satisfied with the care provided by the practice. Staff were described as caring and friendly.
- We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A private room was available to patients who wanted to discuss sensitive issues or appeared distressed.
- The practice performance was below local and national averages for some areas of the national GP Patient survey, such as involvement in planning and making decisions about their care and treatment. Although we saw that some changes had been implemented in relation to the survey, the practice could not demonstrate if these changes had been effective.

Requires improvement



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. We found that the practices carers register had increased to from 1% to 3% since our previous inspection. Members of the management team highlighted that their carers register had increased along with the practices patient list size.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- There were some disabled facilities available; however during our inspection we found that there was no emergency pull cord in the disabled toilet. During our inspection the practice manager provided an equality assessment which outlined that in the absence of a carer, disabled patients would be supported by practice staff.
- There was a hearing loop in place to supported patients with hearing impairments and although the practice had access to translation services, most staff we spoke with were unaware of how to access the service themselves, in the absence of the practice manager.
- Patients could access appointments and services in a way and at a time that suited them. The practice also operated a walk in and wait service every Thursday. This guaranteed that patients could see a GP the same day if attending the surgery before 11:30am.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Requires improvement



Are services well-led?

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

- Staff we spoke with said that whilst they felt supported, sometimes they felt pressured due to busy workloads. Members of the management team advised that the planned recruitment of a non-clinical staff member and additional clinical hours should help to ease the pressure on staff.
- We found that in areas, governance arrangements were ineffective and did not reflect best practice.

Inadequate



Summary of findings

- We also identified a theme of unclear and conflicting information from staff during our inspection. For instance, in response to questions about fire tests, evacuation drills, attendance at meetings and how far in advance appointments can be booked.
- Patient participation group (PPG) feedback indicated that meetings were unstructured and we received mixed feedback with regards to acting on suggestions made by the PPG.

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 inadequate as good for the care of older people.

- The practice is rated as inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services; this affects all six population groups.
- The practice offered proactive, personalised care to meet the needs of the older people in its population; these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.

Inadequate



People with long term conditions

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

- The practice is rated as inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services; this affects all six population groups.
- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Dudley Quality Outcomes for Health data for July 2017 indicated that the practice performance was ranked above 50% of the local practices for specific aspects of diabetes care.
- We saw evidence that multidisciplinary team meetings took place on a regular basis with regular representation from other health and social care services.

Inadequate



Families, children and young people

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

Inadequate



Summary of findings

- The practice is rated as inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services; this affects all six population groups.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for under two year olds ranged from 97% to 100% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds ranged from 93% to 96% compared to the CCG average of 94% to 98%.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.

Working age people (including those recently retired and students)

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

- The practice is rated as inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services; this affects all six population groups.
- The practice offered extended hours on Wednesdays until 8pm.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. The practice's uptake for the cervical screening programme was 71%, compared to the CCG average of 78% and national average of 81%. Unverified data provided by the practice following our inspection highlighted that there had been a 5% increase for cervical screening uptake between December 2016 and May 2017.
- Public Health England data (published in December 2016) highlighted that breast and bowel cancer screening rates were below average.

Inadequate



People whose circumstances may make them vulnerable

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

Inadequate



Summary of findings

- The practice is rated as inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services; this affects all six population groups.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people.
- There were 14 patients registered at the practice with a learning disability. Practice data highlighted that 86% received medication reviews where eligible within a 12 month period. There was also an ongoing programme of recalling patients in for annual reviews.
- Practice data highlighted that 80% of the patients on the palliative care register had a care plan in place.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

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

- The practice is rated as inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services; this affects all six population groups.
- The practice had recently implemented a new service for the patients they cared for at a local mental health rehabilitation hospital. This service involved regular liaison with the hospital and weekly visits by the practice nurse to offer chronic disease care and to provide health education and lifestyle advice.
- Dudley Quality Outcomes for Health data for July 2017 indicated that 92% of the practices patients with a diagnosis of as severe mental illness had received a cardiovascular disease risk assessment in the last 12 months. Therefore, practice performance was in the top threshold of 75% to 100% for this indicator under the local quality framework.
- All patients diagnosed with dementia had been referred to a memory assessment service.

Inadequate



Summary of findings

What people who use the service say

The practice received 114 responses from the national GP patient survey published in July 2016, 349 surveys were sent out; this was a response rate of 33% and this represented 4% of the practises registered patient list. The survey highlighted that:

- 84% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 82% described the overall experience of the practice as good compared to the CCG average of 71% and national average of 73%.

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

We spoke with five patients on the day of our inspection including two members of the patient participation group (PPG). Patients spoke positively about the practice team and told us they were satisfied with the care provided by the practice. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Staff were described as caring and friendly; this also reflected the completed CQC comment cards.

Areas for improvement

Action the service MUST take to improve

During our inspection on 7 June 2017 the principal GP explained that female patients who declined to be examined by the male GP were referred to the practice nurses to carry out gynaecology examinations and breast examinations. We raised this as a concern during our inspection as the nurses had not received specific training in these areas.

The Care Quality Commission contacted the provider on 13 July 2017 to request that the practice did not continue with this process until nurses completed required training.

- The provider must ensure that they comply with this arrangement
- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Bath Street Medical 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 and a second CQC inspector.

Background to Bath Street Medical Centre

Bath Street Medical Centre is a long established practice located in the Sedgley area of Dudley. There are approximately 2,890 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice 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.

At Bath Street Medical Centre a service called Bath Street Cosmetics is also provided. This service offers aesthetic cosmetic treatments; these are exempt by law from CQC regulation. Therefore, we were not able to inspect the aesthetic cosmetic services during our inspection.

The clinical team consists of a male principal GP and two long term male locum GPs. There is also a nurse practitioner, a practice nurse and a locum health care assistant. The principal GP and the practice manager form the management team and they are supported by a team of three reception staff members, an administrator and a cleaner.

The practice is open for appointments between 8:30am and 6:30pm during weekdays, on Thursdays the practice offers a walk in and wait service which guarantees that patients will be seen on the same day if attending the surgery before 11:30am. Additionally, extended hours are offered until 8pm every Wednesday. There is a GP on call in the morning between 8am and 8:30am. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We previously inspected Bath Street Medical Centre on 26 July 2016. As a result of our inspection visit, the practice was rated as requires improvement. Specifically, the practice was rated as requires improvement for providing effective and caring services and a requirement notice was issued to the provider. This was because we identified regulatory breaches in relation to regulation 17, Good governance. Furthermore, we identified some areas where the provider must make improvements and additional areas where the provider should improve.

We carried out an announced comprehensive inspection at Bath Street Medical Centre under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, on 7 June 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. The inspection was also 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 provider under the Health and Social Care Act 2008 and associated regulations.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

The inspection team:

- Reviewed information available to us from other organisations such as NHS England
- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 7 June 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed the practice's policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. 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

The practice had recorded three significant events during the previous 12 months. We saw that when significant events were recorded, an investigation took place and learning was applied to prevent recurrence. For example, we saw that the practice implemented a daily process to record IT back up of the practice's patient record system. This was implemented following an instance when back up tapes were not changed to support the practice's IT system.

When we inspected the practice in July 2016 we found that the GPs were not included in practice meetings where significant events and incidents were discussed. When we returned to the practice most recently we saw minutes of meetings demonstrating that the GPs attended the meetings. We spoke with a locum GP during our inspection who also confirmed that they attended practice meetings however we received conflicting information, as the principal GP advised that locums did not attend.

Overview of safety systems and processes

- The clinical team consisted of male GPs and female nurses; they were supported by a male healthcare assistant. During our inspection the principal GP explained that female patients who declined to be examined by the GP were instead referred to the practice nurses who carried out gynaecology examinations and breast examinations. The GP explained that the nurses were asked to make decisions based on their examinations and to highlight concerns, in relation to patients presenting with gynaecology problems or symptoms requiring breast examination. The practice nurses were not trained in these areas and this posed the risk of women receiving false reassurance leading to delayed or missed diagnoses. Therefore we raised this as a concern with the practice during our inspection and we also shared our concerns with the Nursing and Midwifery Council (NMC) shortly after our inspection, as the regulator for nursing and midwifery professions in the UK.
- During our inspection, members of the management team assured us that they would not continue with this process until nurses completed required training; we received further information shortly after our inspection to confirm that the nurses were scheduled in for breast examination screening on 6 July 2017. We did not receive further information with regards to gynaecological examinations.
- Following our inspection the practice provided evidence of a statement written by a nurse consultant in secondary care. The statement confirmed that the nurses spent a day in the breast symptom clinic, observing history taking and breast examinations. The nurses also performed a breast examination whilst supervised in secondary care.
- Additionally, we were advised that a nurse mentor from the local Clinical Commissioning Group (CCG) conducted a visit to the practice following our inspection and no concerns were raised.
- As an additional measure the practice was also in the process of appointing a female GP, this would also provide patients with the option of being examined by a female GP.
- Some safety alerts were disseminated by the practice manager and the pharmacist from the clinical commissioning group (CCG). The pharmacist worked with the practice on a weekly basis. Clinical staff were also signed up to receive some alerts directly.
- There was a system in place to track and monitor the alerts; the system clearly specified when action had been taken as a result of an alert also. For example, in relation to an alert from the Medicines and Healthcare products Regulatory Agency (MHRA) we saw that the practice had carried out a search to identify and review female patients who had been prescribed a specific medicine to treat mental health conditions and epilepsy.
- Although we saw a well organised system to monitor action taken in relation to alerts, we found that the practice had not signed up to receive all national safety alerts. During our inspection we saw that the CCG pharmacist and principal GP signed up to receive all alerts, the CCG pharmacist explained that they would look through any missed alerts to ensure action was taken where necessary.
- As part of our inspection we looked at the practice's process for managing referrals and correspondence from secondary care and we found that in most cases

Are services safe?

items such as referrals and discharge letters were efficiently processed. However, we identified one instance where correspondence was not acted on in a timely manner; this resulted in a delayed prescription for medication. We brought this to the attention of the management team during our inspection. Following our inspection, the practice provided further information and assurance that necessary action was taken once they were made aware of the incident in question.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Staff had access to current safeguarding information, resources for patients, policies and access to training material. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding and one of the practice nurses was a deputy lead. The safeguarding leads attended regular safeguarding meetings and provided reports where necessary for other agencies. Staff we spoke with demonstrated that they understood their safeguarding responsibilities and had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- We viewed six staff files including one of the locum GPs files and two locum healthcare assistant files; one related to a current healthcare assistant who was supporting the practice on a locum agreement and another was for a healthcare assistant that had previously supported the practice on a temporary locum agreement. Most of the files showed that appropriate recruitment checks had been undertaken prior to employment. Such as, proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. 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. However we noted that there was no proof of identity or evidence of references for the healthcare assistant that had previously supported the practice. We saw that the locum healthcare assistant had a contract in place, confirming that their employment ended on 10 May 2017.
- Notices were displayed to advise patients that a chaperone service was available if required. The practice nurses would usually act as chaperones and members for the non-clinical team also offered this service when needed. We saw that DBS checks were in place for members of staff who chaperoned and that they had received chaperone training.
- We observed the premises to be visibly clean and tidy. We saw that practice cleaning specifications and completed cleaning records were in place. These covered various areas and rooms within the practice, as well as medical equipment and items such as keyboards. One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. We saw calibration records to ensure that clinical equipment was checked and working properly. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection saw that temperatures were logged in line with national guidance.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient and there was an effective process in place for monitoring and managing uncollected prescriptions. There were effective systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs. Patients prescribed of high risk medicines were monitored and reviewed.
- During our most recent inspection we found that prescription stationery was not securely stored. Specifically, staff explained that they had lost the keys to the cupboard and the area where prescription pads were stored. Members of the management team assured us that replacement keys would be ordered in

Are services safe?

order for all prescription stationery to be locked and secured, as a priority. However, conversations with some staff highlighted that consultation rooms were not always locked when unoccupied during the day, therefore compromising the risk of prescription security. We also identified that the system for monitoring and tracking prescription stationery was not effective for all prescriptions such as prescription pads used for home visits. Staff we spoke with assured us that they would adapt their current system to ensure that prescription pads were also adequately monitored.

- Shortly after our inspection took place we received evidence to provide assurance that adequate security was put in place and systems had been adapted to appropriately monitor all prescription stationery.
- The practice nurses had received appropriate training to administer vaccines. The nurses administered vaccines using patient group directions (PGDs). 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 looked at a sample of PGDs during our inspection and found that they were current, signed and appropriately authorised.

Monitoring risks to patients

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 different staffing groups to ensure that enough staff were on duty.

There was a health and safety policy and the practice had risk assessments in place to monitor and manage the safety of the premises, fire risk and risks associated with the control of substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

There was an appointed fire and safety lead in place and although we saw records to show that regular fire alarm tests and fire drills had taken place, some staff we spoke with were unable to recall a fire drill and not all staff were aware of when the fire alarm was tested.

Arrangements to deal with emergencies and major incidents

- The practice had a business continuity plan in place for major incidents such as power failure or building damage however some staff we spoke with were not aware of how to access the plan.
- There was a system in all the treatment rooms and on the practice's computer system which alerted staff to any emergency in the practice. The practice had a defibrillator available on the premises and an oxygen cylinder with adult and children's masks.
- Emergency medicines were accessible to staff in secure areas of the practice. Staff explained that emergency equipment and emergency medicine was regularly checked and records were kept to demonstrate this, we saw that this included regular checks of the defibrillator and the oxygen cylinder.
- However, we found that the GPs did not carry some emergency medicines with them on home visits and that risk had not been formally assessed to determine if they were needed, and to assess how risk would be effectively managed in the absence of emergency medicines during home visits. This included emergency medicines to treat suspected meningitis, epileptic fitting and chest pain. Following our inspection the provider clarified that risk was informally assessed during a telephone consultation with the GP prior to each visit.
- There was also a first aid kit and accident book available. Records showed that staff had received training in basic life support.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Although the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency (A&E) departments and patients seen by the local out of hour's provider.

During our inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. For example, practice data indicated that they had 14 patients on their palliative care register. The data provided by the practice highlighted that 80% of these patients had a care plan in place and had received a review in a 12 month period. There were 14 patients registered at the practice with a learning disability. Practice data highlighted that 86% received medication reviews where eligible within a 12 month period. There was also an ongoing programme of recalling patients in for annual reviews.

Management, monitoring and improving outcomes for people

From October 2015 the practice had signed up to pilot the Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH). This was a local framework which replaced the Quality Outcomes Framework for Dudley practices that opted in to pilot DQOFH from October 2015 and from April 2016; this practice began piloting the framework in October 2015.

- Data from the practices patient record system indicated that 15% of the practices population had hypertension (442 patients). DQOFH data for July 2017 indicated that 65% of the practices patients with hypertension in whom the blood pressure reading was $\leq 140/90$ mmHg in the last 12 months. Statistically this highlighted that practice performance was above 50% of the local practices for this specific area of hypertension care under the DQOF framework.

- The practice had recently implemented a new service for the patients they cared for at a local mental health rehabilitation hospital. This service involved regular liaison with the hospital and weekly visits by the practice nurse to offer chronic disease care, general health checks and to provide health education and lifestyle advice. The practices mental health register had increased by 19 patients since our last inspection in July 2016, current figures were at 56 patients and 96% of them had care plans in place.
- DQOFH data for July 2017 indicated that 92% of the practices patients with a diagnosis of as severe mental illness had received a cardiovascular disease risk assessment in the last 12 months. Statistically this placed the practice in the top 25% of practices for this specific area of care and performance was in the top threshold of 75% to 100%. Additionally, all patients diagnosed with dementia had been referred to a memory assessment service.
- DQOFH diabetes data for July 2017 indicated that 61% of patients had an IFCC-HbA1c recording of 75mmol/mol or less, 73% of patients had an IFCC-HbA1c recording of 64mmol/mol or less and 85% of patients had an IFCC-HbA1c recording of 59mmol/mol or less. Statistically this highlighted that practice performance was above 50% of the local practices for this specific area of care under the DQOF framework.

The Clinical Commissioning Group (CCG) pharmacist assisted the practice with medicines audits and monitored the use of antibiotics to ensure they were not overprescribing. Data provided during our inspection highlighted that that 67% of the practice's patients on four or more medications had received a review within a 12 month period. CCG prescribing data also indicated that the practice achieved one of the lowest prescribing rates for antibiotics across the area.

During our inspection we found that there was limited evidence of quality improvement activity in the practice, for instance there was no evidence of completed clinical audits since our previous inspection in July 2016. We saw that a single cycle audit had been conducted to review the diagnosis and management of urinary tract infections (UTIs) in adults and, but this audit was due to be repeated and therefore did not demonstrate quality improvement. Following our inspection, the provider submitted records of

Are services effective?

(for example, treatment is effective)

a repeated audit for the diagnosis and management of UTIs in adults. The repeated audit highlighted a decrease in adherence to local antibiotic guidelines however learning was applied to support improvements.

The practice conducted a quarterly minor surgery review where infection rates, diagnosis findings, failsafe systems and secondary care referrals were continually monitored. The practice continuously checked cytology sample rates for cervical screening.

Effective staffing

The clinical team had a mixture of enhanced skills and were trained to lead on areas such as family planning, minor surgery, acupuncture and chronic disease care. The practice supported staff to complete mandatory training, e-learning and role specific training. For example, nurses were supported to attend study days and training courses such as updates on immunisations and cervical screening, as well as further training on diabetes care. Non-clinical staff were also supported to complete training relevant to their role. In addition to in-house training staff made use of e-learning training modules.

The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

The GPs and nurses were up to date with their yearly continuing professional development requirements and had been revalidated. One of the practice nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the principal GP for this extended role. During our inspection we saw that most staff received annual appraisals, this was with the exception of one of the locum healthcare assistants. Additional appraisal evidence was provided shortly after our inspection in relation to this.

Coordinating patient care and information sharing

Staff explained that they 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 when people moved between services, including when they were referred, or after they were discharged from hospital.

When we inspected the practice in July 2016, we found that the principal GP did not attend multidisciplinary (MDT) meetings. We also found that the minutes of MDT lacked key detail and there was no evidence that the practice had reviewed their patient deaths and key information such as cause of death and specific care orders. Staff we spoke with during our most recent inspection advised that the GP regularly attended the MDT meetings and there were minutes in place to record this. We saw that vulnerable patients, safeguarding, patient deaths and patients with complex needs were regularly discussed during the MDT meetings. We saw that the practice had also implemented a system to monitor patient deaths following our previous inspection, this included records of key information such as cause of death and specific care orders.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff had received training in the Mental Capacity Act 2005 and understood the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

- Patients had access to appropriate health assessments and checks. The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.
- Recent childhood immunisation rates were comparable to CCG and national averages. For example, childhood

Are services effective?

(for example, treatment is effective)

immunisation rates for under two year olds ranged from 97% to 100% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds ranged from 93% to 96% compared to the CCG average of 94% to 98%.

- During our last inspection we found that only six patients had been identified as needing smoking cessation advice and support. Recent data provided by the practice indicated that 89% of their chronic disease patients been given smoking cessation advice and support and 2% had successfully stopped smoking.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice's uptake for the cervical screening programme was 71%, compared to the CCG average of 78% and national average of 81%. The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. The practice's uptake for the cervical screening

programme was 71%, compared to the CCG average of 78% and national average of 81%. Unverified data provided by the practice following our inspection highlighted that there had been a 5% increase for cervical screening uptake between December 2016 and May 2017

- The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. Failsafe systems and inadequate smear results were also audited on a quarterly basis.
- Public Health England data (published in December 2016) highlighted that breast cancer screening rates were at 69% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds were at 69% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 74 year olds were at 46% compared to the CCG and national averages of 58%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with five patients on the day of our inspection including two members of the patient participation group (PPG). Patients spoke positively about the practice team and told us they were satisfied with the care provided by the practice. Staff were described as caring and friendly. During our inspection we saw that members of staff were friendly and helpful to patients both attending at the reception desk and on the telephone.

We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A private room was available to patients who wanted to discuss sensitive issues or appeared distressed. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the national GP patient survey (published in July 2016) showed mixed responses with regards to how patients were treated and if this was with compassion, dignity and respect. For example:

- 95% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

The practice performance was below local and national averages for the following aspects of care:

- 81% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 75% 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%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with during our inspection told us that they felt involved in decision making about the care and treatment they received. However, results from the national GP patient survey however showed that the practice was rated as below average when patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

The practice provided a record with action points in response to the areas identified for improvement on the national GP patient survey. Actions highlighted that to improve communication telephone consultations were introduced; so that patients could discuss tests and treatments in depth over the telephone. We also saw an action in relation to producing a patient survey for patients to feedback on involvement in care and treatment decisions. Although we saw that changes, such as telephone consultations had been implemented, the practice could not demonstrate if these changes had been effective.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting rooms at each practice site told patients how to access a support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. When we inspected in July 2016 there were 23 patients on the practices register for carers, this was 1% of the practice list. During our most recent inspection we found that the practices carer register had increased to 3% (75 patients were registered as carers). Members of the management team highlighted that their carers register had increased along with the practices patient list size. The practice offered annual

Are services caring?

reviews and flu vaccinations for anyone who was a carer; there was supportive information in place for carers to take away as well as information available through the practice website.

- Staff we spoke with told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.
- The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice. The practice utilised the local Integrated Plus scheme, this scheme was utilised by other practices throughout the Dudley CCG area. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available at flexible times for people with a learning disability and for people experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- The practice operated a walk in and wait service every Thursday. This guaranteed that patients could see a GP the same day if attending the surgery before 11:30am.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Wednesdays until 8pm. The practice also offered telephone consultations with a GP at times to suit patients and text messaging appointment reminders were utilised to remind patients of their appointments.
- There were some disabled facilities available; however during our inspection we found that there was no emergency pull cord in the disabled toilet. We raised this with the practice manager to check how risk was managed in the absence of an emergency cord. The practice manager provided an equality assessment which was updated during our inspection, records of the assessment outlined that in the absence of a carer, disabled patients would be supported by practice staff.
- There was a hearing loop in place to support patients with hearing impairments and although the practice had access to translation services, most staff we spoke with were unaware of how to access the service themselves, in the absence of the practice manager.
- The practice offered a wide range of resources and information leaflets to patients. Information was offered

to patients in a variety of formats which included leaflets in easy to read formats. Additionally, the practice had a monthly newsletter which was used to promote health services, missed appointments and to advertise the practice's patient participation group (PPG).

Access to the service

The practice was open for appointments between 8:30am and 6:30pm during weekdays, on Thursdays the practice operated a walk in and wait service which guaranteed that patients could see a GP the same day if attending the surgery before 11:30am. Additionally, extended hours were offered until 8pm every Wednesday. There was a GP on call in the morning between 8am and 8:30am. Pre-bookable appointments could be booked up four weeks in advance however we received mixed feedback from staff when we asked about how far in advance appointments could be booked, some advised they could be booked four weeks in advance while others said every three and four months in advance. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 highlighted mixed responses in relation to access were below average, for example:

- 84% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

Members of the management team informed us that long waiting times were sometimes due to the new walk in and wait service which operated on Thursdays from 11:30am.

- 50% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 40% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The practice provided a record with action points in response to the areas identified for improvement on the

Are services responsive to people's needs?

(for example, to feedback?)

national GP patient survey. Although action points indicated that clinicians were reminded to inform the reception team when running behind, the practice could not demonstrate if these changes had been effective. Some of the patient comments we received during our inspection highlighted that it was difficult to book an appointment to see a GP. Overall, we found that limited action was taken to address issues with access and appointment waiting times.

Listening and learning from concerns and complaints

- There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice leaflet also guided patients to contact the practice manager to discuss complaints.
- The practice had records of seven complaints that had occurred since December 2015, two of these occurred during the last 12 months. Records demonstrated that complaints were satisfactorily handled.
- Minutes of practice meetings indicated that staff shared learning and monitored themes from complaints during the meetings.

Are services well-led?

Inadequate 

(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 shared vision which was to develop and maintain a practice where staff valued each other and to provide a high quality service to patients. Members of the management team highlighted that they were in the process of recruiting a new non-clinical staff member following the retirement of one of the administrative team members. There were also plans to increase the number of shifts carried out by one of the locum nurses to support the nursing team and GP sessions were due to increase from July also.

Governance arrangements

- We saw that formal risk assessments were in place and some risks to patients and staff were well monitored and mitigated, such as risks associated with infection control.
- Policies and documented protocols were well organised and available as hard copies and also on the practices document management system.
- The practice had a formal programme of monthly practice and clinical meetings. We saw that these were governed by minutes; items such as practice updates and significant events were discussed in these meetings.

However, in some areas we noted that governance arrangements were ineffective and did not reflect best practice, for example:

- In most areas of recruitment the practice was able to provide assurance that appropriate recruitment checks had been undertaken prior to employment for staff, with the exception of a locum healthcare assistant that had previously supported the practice in May 2017.
- We found that prescription stationery was not securely stored and the practices system for monitoring and tracking prescription stationery did not reflect national guidelines.
- The practice provided a record with action points in response to the areas identified for improvement on the national GP patient survey. Although we saw that some changes had been implemented, the practice could not demonstrate if these changes had been effective.

Leadership, openness and transparency

The principal GP and the practice manager formed the management team at the practice. They explained that they encouraged a culture of openness and honesty and encouraged staff at all levels to raise concerns. However, based on feedback from various staffing groups, overall we found that staff were not always supported when reporting concerns in the practice.

We received mixed feedback from staff across the practice when we discussed the practices culture. For instance some staffing groups spoke positively about working at the practice but some members of staff highlighted that sometimes they felt pressured due to busy workloads. Members of the management team advised that the planned recruitment of a non-clinical staff member and additional clinical hours should help to ease the pressure on staff.

However, based on our overall findings we found that the delivery of high-quality care was not assured by the leadership, governance or culture. We also found that sometimes the practice had not identified areas to improve on independently. For example:

- Up until our inspection the practice had not considered training needs and potential risks with regards to nurses carrying out breast examinations when the GPs required assistance, in the absence of a female GP.
- Up until our most recent inspection, the practice had not formally assessed risk in the absence of an emergency pull cord in the disabled toilet.

We also identified a theme of unclear and conflicting information from staff during our inspection. For instance, in response to questions about fire tests, evacuation drills, attendance at meetings and how far in advance appointments can be booked.

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

The practice had a patient participation group (PPG). We spoke with two members of the PPG during our inspection. Feedback indicated that meetings were unstructured; a member of the non-clinical team would contact the PPG when there was a need for a meeting to take place. We received mixed feedback with regards to acting on suggestions made by the PPG. For example, we found that some suggestions, such as providing a disabled car parking

Are services well-led?

Inadequate 

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

space at the rear of the practice had been acted on however the PPG were unaware if other suggestions had been acted on. This included a PPG suggestion to extend

the walk in and wait service to an evening. We did not see any PPG information on display in the practice but we saw that the practice promoted there PPG through the practice newsletter.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. For instance, we were advised that nurses carried out breast and gynaecology examinations on female patients who did not wish to be examined by the male GP. This was a concern as the nurses were not trained in these areas and this posed the risk of women receiving false reassurance leading to delayed or missed diagnoses.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. During our inspection we found that the practice were not signed up to receive all national safety alerts.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were ineffective systems and processes in place to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activities, for the purposes of continually evaluating and improving such services. For instance, the practice could not demonstrate if changes in response to the national GP patient survey had been effective.</p>

Requirement notices

Additionally, patient participation group (PPG) feedback indicated that meetings were unstructured and we received mixed feedback with regards to acting on suggestions made by the PPG.

There was additional evidence of poor governance. For instance, there were inconsistencies in recruitment evidence. Specifically, there was no proof of identity or evidence of references for the locum healthcare assistant that had previously supported the practice.

The delivery of high-quality care was not assured by the leadership, governance or culture. Based on feedback from various staffing groups, we found that staff were not always supported and sometimes they felt pressured due to busy workloads. During our inspection we also found that there was limited evidence of quality improvement activity in the practice.