

Quincy Rise Surgery

Quality Report

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Quincy Rise

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Quincy Rise Surgery was previously registered with the Care Quality Commission (CQC) as a partnership provider. A change of provider took place in January 2017 when the practice re-registered as a single handed GP. The previous GP partner had left in July 2016. We first inspected Quincy Rise Surgery across two dates on 9 March and 4 April 2016.

As a result of our inspection visits, the practice was placed in special measures and was rated as inadequate overall. This was because we identified regulatory breaches in relation to regulation 12 for providing safe care and treatment and regulation 17 due to inadequate governance arrangements. As breaches of legal requirements were found we issued two warning notices and a requirement notice. We carried out an announced focused inspection at Quincy Rise Surgery on 18 July 2016 to focus on the areas identified in the warning notices. Although we saw that improvements had been made, the practice did not fully meet the requirements of the warning notice for Regulation 12: safe care and treatment HSCA (RA) Regulations 2014. We carried out an

announced comprehensive inspection at Quincy Rise Surgery on 23 November 2016 to see if improvements had been made in line with the special measures period of six months following publication of the final report. Overall the practice was rated as good and was taken out of special measures. However we rated the practice as requires improvement for well led having found that governance systems and processes were not always effectively operated to support a well led and open cultured team. The reports for the inspection carried out on 9 March and 4 April 2016, July 2016 and November 2016 can be found by selecting the 'all reports' link for Quincy Rise Surgery on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Quincy Rise Surgery on 2 October 2017, the first inspection under the new legal entity. The practice is rated as good overall.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Summary of findings

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice maintained appropriate standards of cleanliness and hygiene.
- Appropriate recruitment checks had been undertaken prior to employment although satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff.
- Most results from the national GP patient survey published in July 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Where scores were below average the practice was able to demonstrate an awareness and mitigation.
- Information about services and how to complain was available and the practice proactively acted on complaints posted on the national website, NHS Choices. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by the management team.
- 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 should make improvement are:

- Ensure health and safety arrangements minimise the risks to patients, staff and visitors.
- Prior to employment, obtain satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role.
- Increase awareness of practice performance against the new Dudley Clinical Commissioning Group Provider Outcome Framework.
- Explore ways in which to increase the number of patients on the carers' register and identify those patients who also acted as carers on the clinical system.
- Continue to monitor and further improve the patient satisfaction scores.
- Include information on how to make a complaint on the practice website.

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 good for providing safe services.

Good



- 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.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However a number of further improvements that could be introduced were identified during the inspection.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice maintained appropriate standards of cleanliness and hygiene. However, the infection control arrangements were not always in line with nationally recognised standards.
- Appropriate recruitment checks had been undertaken prior to employment. However, satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



Data from the Quality and Outcomes Framework (QOF) for the previous provider showed patient outcomes were below average compared to the national. The exception reporting was below local and national averages. A sample of patient record checks carried out during the inspection showed that appropriate care was being administered to patients within the below average QOF indicators. The practice performance was now monitored against the new Dudley Clinical Commissioning Group Provider Outcome Framework. However, the practice was unable to access this data when asked.

- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals for all staff.

Summary of findings

- 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 and when appropriate, information was shared with the out of hours service.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice lower than others for several aspects of care. The practice was aware of these areas and felt that they had resulted from a change in personnel.
- Through the comment cards we received, patients told us staff were caring, respectful and helpful. They told us they felt listened to by the GPs and nurses, and the administration staff were described as supportive.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- 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.
- The results of the national patient survey and comment cards we received showed that patients found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management team. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from patients through surveys, the family and friends test and the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff were supported to attend training.

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice offered over 75 year old health checks.
- All patient aged 75 and over had a named GP documented in their records.

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 with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 85%. This was comparable with the Clinical Commissioning Group (CCG) average of 87% and the national average of 91%.
- Patients with long term conditions such as diabetes and asthma were provided with a self-management plan and offered an annual review of their health. For those patients with the most complex needs, a GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Vulnerable patients with long term conditions were contacted within two days of post hospital discharge.

Families, children and young people

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

Good



Summary of findings

- The practice had a policy to follow up children who failed to attend for hospital appointments and children who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were similar to national averages for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice held monthly meetings with the health visitor to discuss children in need of additional support.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. Alerts were set up on the patient records.

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 the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations.
- The practice was proactive in offering online services for booking GP appointments and ordering of repeat medication. They offered a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours appointments until 7pm on a Monday and until 7.30pm on a Thursday for working aged patients who could not attend during normal opening hours.

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 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

- Patients with a learning disability were offered an annual health check and provided with longer appointments if needed. There were nine patients on the learning disability register all of whom had attended for annual health checks within the last 12 months.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed 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.

People experiencing poor mental health (including people with dementia)

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

- Data for the previous provider showed that 21% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was significantly lower than the CCG average of 69% and the national average of 89%. The practice told us that these patients were regularly monitored and reviewed. The Dudley outcome for health indicators were not available but the three patients we checked had care plans on their records that had been regularly reviewed.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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 in place to follow up patients who failed to attend mental health reviews appointments.
- Data for the previous provider showed that 25% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was significantly below the CCG average of 77% and the national average of 84%. We looked at the patients on the dementia register and reviewed four out of 11 patients diagnosed with dementia. Consultation notes showed that all four patients had been regularly reviewed and appropriate care given.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing below national averages. Two hundred and eighty-one forms were distributed and 114 were returned. This represented a return rate of 41%.

- 66% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national averages of 73%.
- 55% 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 75% and the national average of 77%.

The practice were aware of the results but felt that improvements had now been implemented, most notably the introduction of two nurse practitioners. An internal survey to substantiate this had been planned for November 2017.

As part of our inspection we spoke with a member of the patient participation group (PPG). They told us they felt valued by the practice, the practice management were respectful of their views and listened to their suggestions. They told us they had quick and easy access to appointments and the staff were friendly, helpful and went out of their way to explain things.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 28 comment cards of which 25 were highly positive about the standard of care received. Patients told us staff were caring, respectful and the reception and clinical staff provided an excellent service. One patient who was experiencing poor mental health complimented the practice on the care received. They told us they felt listened to by the GPs, there was good access to appointments and the receptionists were very friendly. Three comments were less positive but there was no common theme.

Data from the Friends and Families test for June to August 2017 showed that 25 out of 27 (93%) patients who responded were extremely likely or likely to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Ensure health and safety arrangements minimise the risks to patients, staff and visitors.
- Prior to employment, obtain satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role.
- Increase awareness of practice performance against the new Dudley Clinical Commissioning Group Provider Outcome Framework.
- Explore ways in which to increase the number of patients on the carers' register and identify those patients who also acted as carers on the clinical system.
- Continue to monitor and further improve the patient satisfaction scores.
- Include information on how to make a complaint on the practice website.

Quincy Rise Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a second CQC inspector.

- A lead GP (male)
- A salaried GP (female) and a regular locum GP (female)
- Two practice nurses
- A practice manager
- Five members of administrative staff working a range of hours.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.30am every morning and 4pm to 6pm daily. Telephone consultations are available at various times throughout the day. Extended practice hours to see the GP or practice nurse are offered between 6.30pm and 7.30pm on Monday and Thursday evenings. Pre-bookable appointments can be booked up to two weeks in advance and urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time patients could access this service by calling NHS 111.

Background to Quincy Rise Surgery

Quincy Rise Surgery is a long established practice based in the Brierley Hill area of Dudley. The practice holds a General Medical Services (GMS) contract with NHS England and is a member of the NHS Dudley Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. 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.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 3,370 patients. Demographically the practice has a lower percentage of elderly patients with 12% aged 65 years and over compared with CCG average of 17% and national average of 20%. The percentage of patients with a long-standing health condition is 56% which is comparable with the local CCG average of 56% and national average of 53%.

The practice staffing comprises of:

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 October 2017.

During our inspection we:

- Spoke with a range of staff including the lead GP, a locum GP, the practice nurses, the practice manager and two receptionists.
- Observed how patients were being cared for in the reception area.
- 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.
- 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 verbally or in writing and there was a recording form populated for each event. The significant event record was populated and then a 'significant event review' form was populated. This 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 had recorded five significant events in the 12 months prior to our inspection. From the sample we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. Patients received reasonable support and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was found to have been booked for the same child immunisations twice. The immunisation was given twice, the GP and Public Health were consulted to confirm that there was no detriment to the patient's welfare, the patient was informed, Public Health were informed, and the protocol was changed with the introduction of a check to be made to the patient's record before any immunisation was given.
- The practice also monitored trends in significant events and evaluated any action taken at clinical and team meetings.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or

equipment involved and took appropriate action where required. We saw that MHRA alerts were recorded including those that were not applicable. The pharmacist was responsible for ensuring appropriate action was taken, copies of searches on patients affected and documented the action taken on the alert. Repeat searches had been set up to ensure ongoing checks were carried out on new and existing patients.

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 for safeguarding and staff we spoke with were aware to contact them if they had any safeguarding concerns. We saw that the practice was proactive in referring safeguarding concerns to the relevant agencies. We were shown an example of where a GP had reported their concerns to these agencies and the actions taken.
- Staff interviewed 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. The practice held monthly meetings with the health visitor to discuss children of concern.
- Alerts were placed on the electronic records of children and vulnerable adults where safeguarding concerns had been identified. There was a formal system in place for following up children who failed to attend for hospital appointments.
- Notices in the waiting room, clinical and consultation rooms 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).

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place for the overall cleaning of the practice. Practice nurses told us they cleaned the clinical rooms and informal cleaning schedules were in place to support this.
- A practice nurse was the infection prevention and control (IPC) clinical lead. There was an informal IPC protocol and staff had received up to date training. The IPC lead was supported and attended additional training to support them in their role. IPC audits were undertaken every three years and action was taken to address any improvements identified as a result.
- Clinical staff and non-clinical staff had received appropriate immunisations against health care associated infections.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had an effective recall system to review patients on repeat medication. Regular reviews were carried out with the CCG pharmacists to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. All those we checked were signed and up to date.
- There was a system in place for the management of uncollected repeat prescriptions. The practice had identified that there were a number of uncollected prescriptions and had audited all those found and implemented a regular check of uncollected prescriptions. A protocol had been implemented to check for uncollected prescriptions on a monthly basis, inform the GP of any not collected and call the patient.
- We saw that there was a system in place for monitoring the temperature of fridges used to store vaccines in line with manufactures' guidelines. We saw there were documented checks recorded daily.

We reviewed three personnel files including that of the most recently employed member of staff, and found most recruitment checks had been undertaken prior to employment. For example, proof of identification, immunisation status, 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. However, satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained prior to employment.

We found that although some locum checks had been carried out, we found that immunisation status was not included, two of the locums did not have evidence of medical indemnity and there was no references. However all locum GPs had been DBS checked and checked against the GMC register.

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. However the policy required further detail. For example, the control of substances hazardous to health (COSHH) data sheets did not include all cleaning substances within the practice.
- The practice had an up to date fire risk assessment and carried out regular fire evacuation drills at least once a year and checked the fire alarms weekly. All staff had received fire safety training and there were designated fire marshals within the practice. However the fire evacuation drills were not documented and reviewed.
- All electrical and clinical equipment was checked and calibrated 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no documentation of the ongoing checks having been done.
- 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

Are services safe?

enough staff were on duty to meet the needs of patients. The practice list size was static but the practice was looking to appoint a salaried GP. The practice was reviewing plans to introduce additional skill mix such a healthcare assistant.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- Panic buttons were available in the consultation and treatment rooms which alerted staff to any emergency. There was a panic alert at the front desk for reception staff to sound an alarm.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. All the staff received annual basic life support training.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. Copies were kept off site should access to the building be restricted.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs and nurses were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Minutes from monthly clinical meetings demonstrated there was a formal system in place to review and monitor NICE guidelines and to keep 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 a system of audits and searches, for example, for chronic kidney disease (CKD).

Management, monitoring and improving outcomes for people

The practice no longer used the information collected for the Quality and Outcomes Framework (QOF) but a local Clinical Commissioning Group (CCG) framework known as "outcomes for health indicators". The new framework had been designed to ensure that performance against national screening programmes to monitor outcomes for patients could be compared. (QOF is a system intended to improve the quality of general practice and reward good practice; the new framework has the same intention but focusses on the needs of the population group). The QOF results for the new provider were not available in the public domain at the time of our inspection. The 2015/16 QOF results for the previous provider showed the practice had achieved 75% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 95%. However, the previous provider's overall clinical exception rate of 5% was lower than the CCG rate of 7% and the national rate 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.

Data from 2015/16 showed:

- 89% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of their asthma using a recognised tool.

This was higher than the CCG average of 71% and the national average of 76%. However, their exception reporting rate of 1% was lower than the CCG average of 2% and the national average of 8%.

- 88% of patients with chronic obstructive pulmonary disease (COPD) had received a review including an assessment of breathlessness in the preceding 12 months. This was comparable with the CCG average of 86% and national average of 90%. However, their exception reporting rate of 0% was lower than the CCG average of 6% and the national average of 12%.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 85%. This was comparable with the CCG average of 88% and the national average of 78%. However, their exception reporting rate of 1% was lower than the CCG average of 4% and national average of 9% meaning more patients had been included.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 84%. This was comparable with the CCG average of 88% and the national average of 83%.
- 25% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was significantly lower than the CCG average of 77% and the national average of 84%. Their exception rate of 0% was lower than the CCG average of 6% and the national average of 7%. We looked at the patients on the dementia register and reviewed four out of 11 patients diagnosed with dementia. Consultation notes showed that all four patients had been regularly reviewed and appropriate care given.
- 21% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was significantly lower than the CCG average of 68% and the national average of 89%. However, their exception reporting rate of 0% was lower than the CCG average of 7% and national average of 13%. The practice told us that these patients were regularly monitored and reviewed. The Dudley outcome for health indicators were not available but the three patients we checked had care plans on their records that had been regularly reviewed.

Are services effective?

(for example, treatment is effective)

The new provider had contacted the CCG for data but at the time, data quality was being reviewed following the implementation of the new outcomes framework.

There was evidence of quality improvement including clinical audit. We looked at a repeated clinical audits completed in the last two years where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of audit had resulted in:

- Clinical training for patients who had switched inhalation device.
- Introduced a proactive protocol to ensure best practice was used in the treatment of patients with diabetes and chronic obstructive pulmonary disorder (COPD).

Effective staffing

We found 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, nursing staff had received training in managing long term conditions such as asthma and chronic obstructive pulmonary disease.
- 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 vaccination and immunisation updates.
- 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, role specific meetings such as informal clinical reflection meetings held weekly with the GP and nursing team, mentoring and facilitation and support for revalidating GPs and nurses. 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.
- We found that the practice shared relevant information with other services in a timely way. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 and Gillick competency.
- 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)

- The GP carried out minor surgery and there was a policy for staff to refer to in obtaining consent for these patients and consent forms were also available. We saw that written consent for minor surgery was recorded in patients' records.

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 requiring advice on their diet and asylum seekers.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the previous provider demonstrated that uptake rates for the vaccines given were comparable to CCG and national averages.

Data for the previous provider showed that the practice's uptake for the cervical screening programme was 88%,

which was comparable with the CCG average of 80% and the national average of 81%. The practice nurse showed us the systems and procedures they followed to ensure results were received for all samples sent for the cervical screening programme and followed up women who were referred as a result of abnormal results.

Data from the provider showed that the number of patients that attended national screening programmes for bowel and breast cancer was comparable to the CCG and national averages.

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 helpful to patients and treated them with dignity and respect.

We saw that 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 so conversations taking place in these rooms could not be overheard.

Patients could be treated by a clinician of the same sex.

Twenty five of the 28 patient Care Quality Commission (CQC) comment cards we received were highly positive about the standard of care received. Patients told us staff were caring, respectful, helpful and supportive. They told us they felt listened to by the GPs, there was good access to appointments and the receptionists were very friendly. Three comments were less positive but there was no common theme.

As part of the inspection we spoke with a member of the patient participation group (PPG). They told us they felt valued by the practice, the practice management were respectful of their views and listened to their suggestions. They told us they had responded to ideas put forward by patients and shared plans for future developments.

Data from the Friends and Families test for June to August 2017 showed that 25 out of 27 (93%) patients who responded were extremely likely or likely to recommend the practice to their friends and family.

Results from the national GP patient survey published in July 2017 showed patient satisfaction scores were lower than the clinical commissioning group (CCG) and national averages when asked if they were treated with compassion, dignity and respect during consultations with GPs. For example:

- 79% of patients said the GP was good at listening to them compared with the CCG average national averages of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.

- 91% 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%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.

The practice was aware of these scores and explained that following the retirement of a long standing lead GP in August 2016, patients had initially been negative and this coincided with a period of time when a number of locum GPs were used to replace the number of clinical sessions lost. The provider felt that these problems had now been rectified with regular GPs in place and this was supported by more recent feedback from the CQC comment cards and the friends and family responses.

However, the satisfaction scores on consultations with nurses was consistently at or above local and national averages:

- 94% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

that care plans were personalised and older patients and those living in care homes that attended A&E or admitted to hospital were contacted within three days by a GP to ensure their care & further needs were met.

Results from the national GP patient survey published in July 2017 showed patients responses were below local and national averages when asked about their involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

The results for the nurses was at or above local and national averages. For example:

- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice was aware and attributed these scores to a change in GP personnel in August 2016.

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

- An interpretation service was available for patients who did not have English as a first language.
- Patients with a hearing impairment were offered a sign language service during consultations.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were 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. There were leaflets available in the reception area informing patients where they could access support following a bereavement.

The practice's computer system did not alert staff if a patient was also a carer. The practice had not identified a register of patients who also acted as carers. However a written list of 13 carers was held by the nursing team. Written information was available to direct carers to the various avenues of support available to them, for example the carer's hub and the carer's association. Those carers known to staff were invited for annual flu immunisation and health checks.

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 over 75 year old health checks.
- Patients with long term conditions such as diabetes and asthma were provided with a self-management plan and offered an annual review of their health.
- Appointments were available outside of school hours for school aged children.
- The practice had an effective process to follow up children who failed to attend for hospital appointments.
- The practice held monthly meetings with the health visitor to discuss children in need of additional support.
- The practice offered extended hours appointments until 7.30pm Monday and Thursday for working aged patients who could not attend during normal opening hours.
- The practice offered telephone consultations for working aged patients. They also provided online services for booking GP appointments and ordering of repeat medication.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice regularly worked with health and social care professionals and also the palliative care team to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- Vulnerable patients were contacted by the practice within two days following a hospital discharge.
- Patients with a learning disability were offered an annual health check and provided with longer appointments if needed.
- The practice was proactive in reviewing and reducing prescriptions for vulnerable patients who were prescribed potentially addictive medicines.
- The practice had a system in place to follow up patients who failed to attend mental health reviews appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.30am every morning and 4pm to 6pm daily. Telephone consultations were available at various times throughout the day.

Extended practice hours to see the GP or a practice nurse were offered between 6.30pm and 7.30pm on Monday and Thursday evenings. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for those that need them. The practice had opted out of providing cover to patients in the out-of-hours period. During this time patients could access this service by calling NHS 111.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mixed:

- 68% of patients were satisfied with the practice's opening hours compared with the CCG average of 78% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 82% 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 84%.
- 70% of patients said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 56% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

The provider was recruiting an additional GP and reviewing the clinical skill mix to increase the number of available appointments.

The practice felt that these results had resulted from change in the GPs when a long standing partner retired in 2016 and locum GPs were used to cover the lost clinical sessions. The practice were aware of the results but had planned an internal survey to start in November 2017.

Patient comment cards demonstrated that patients were able to get appointments when they needed them, there was good access to appointments and the receptionists were very helpful.

The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention. This assessment was carried out by the

Are services responsive to people's needs?

(for example, to feedback?)

GP who made an informed decision and prioritised 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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- We saw that information was available to help patients understand the complaints system in their complaints leaflet but not on the practice's website.

The practice had recorded two complaints since April 2017. The practice also monitored comments on the national website, NHS Choices. We looked at the two complaints received in the last six months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, discussed at practice meetings.

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 provide a high standard of health care to their patient population and to continuously engage with patient representatives to improve services. They did not have a formal mission statement but staff we spoke with told us their mission was to provide high quality of care to all patients in a timely manner supporting choice and involvement.

The practice had a supporting business plan which reflected the vision and values. We saw that it was regularly monitored and progress was recorded. The business plan focused on areas such as meeting the demands of a growing practice population and the introduction of additional skill mix.

Governance arrangements

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

- 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. For example, there was a GP lead for safeguarding and a practice nurse lead for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive 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.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the health and safety procedures and recruitment checks could be improved further to minimise risk.
- We saw evidence from minutes of monthly practice meetings that demonstrated lessons had been learnt and shared with staff following significant events and complaints.

Leadership and culture

On the day of our inspection the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Through conversations with staff and feedback comments from patients we found that they prioritised safe, high quality and compassionate care. Staff told us the GPs and business team were approachable and took the time to listen to all members of staff.

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 wrong with care and treatment). The management team encouraged a culture of openness and honesty. From the sample of significant events and complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence. They also proactively monitored comments on the national website, NHS Choices, to improve their service.

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

- The practice held and minuted multi-disciplinary meetings that were attended by district nurses, the health visitor and social workers to monitor vulnerable patients.
- Staff told us, and we saw minutes to confirm, that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Practice meeting minutes were made available to all staff.
- Staff said they felt valued and supported by the management team. Clinicians told us they were well supported both clinically and educationally by the lead GP. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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 normally met quarterly and told us that the practice responded to concerns that they raised. For example, the PPG had requested outside lighting and involvement in the way information was displayed in the patient waiting area. Both of these requests had been met.
- the NHS Friends and Family test, complaints and compliments received.
- staff 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 the management. Staff told us they felt involved and engaged to improve how the practice was run.

- the national website, NHS Choices.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team had been through improvement plans to meet the regulations and were aware of further areas for improvement. Auditing was used as an effective tool to improve outcomes for patients in the area and to promote safety. The lead GP was involved in the local health economy through their involvement with the local CCG and GP federation. The practice was becoming actively involved in the CCG locality and the lead GP performed regular clinical sessions at a nearby practice to ensure discussion and reflection with peers took place.