

Lower Gornal Medical Practice

Quality Report

The Health Centre
Bull Street
Lower Gornal
DY3 2NQ

Tel: 01384322400

Website: www.lowergornalmedicalpractice.nhs.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lower Gornal Medical Practice on 1 March 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance
- Staff were aware of their responsibilities to raise and report concerns, incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment
- Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- We observed the premises to be visibly clean and tidy. Information for patients about the services available was easy to understand, accessible and available on a variety of formats.
- The practice offered proactive care to meet the needs of its population.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group which influenced practice development.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure fridge temperatures are recorded correctly, in line with national guidance, to ensure robust maintenance of the cold chain.
- Ensure risk is assessed and mitigated in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices.

- Ensure risk is mitigated in the in the absence of emergency medical equipment such as the defibrillator.

The areas where the provider should make improvement are:

- Ensure systems are in place to inform patients that a private area is available for private discussions.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had arrangements in place to respond to emergencies and major incidents. However, the practice did not have a defibrillator on the premises. We saw that a risk assessment had been completed, although records highlighted that the practice was due to have a defibrillator in place in May 2016, the risk assessment did not demonstrate that risk was fully mitigated in the meantime.
- We found that the practice had not assessed the risk in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices.
- The vaccination fridges were well ventilated and secure, however during our inspection we found that fridge temperatures were not recorded in line with guidance by Public Health England.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment and results were circulated and discussed in the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly multi-disciplinary team meetings and gold standards framework for end of life care (GSF) reviews took place.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Results from the national GP patient survey published in January 2015 showed that patients were mostly happy with how they were treated and that this was with compassion, dignity and respect.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients 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.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered minor surgery to registered patients and for patients who were locally referred from their own GP.

Good



Summary of findings

Are services well-led?

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

- There was an overarching governance framework which supported the delivery of the practice's strategy and good quality care.
- The practice encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.
- Staff we spoke with said they felt valued, supported and that they felt involved in the practice's plans. Staff commented on the training support provided by the practice and staff gave examples of where the practice had supported staff to attend a range of training events.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group which influenced practice development.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- 90% of the practice's patients above the age of 75 had received a health check

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 96% compared to the CCG average of 88% the national average of 89%.
- The practice focused on patients with Chronic Obstructive Pulmonary Disease (COPD) and offered a telemedicine service for patients with COPD to self-monitor and answer questions on a daily basis using telemedicine equipment sourced by the practice.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example,

Good



Summary of findings

childhood immunisation rates for under two year olds ranged from 82% to 97% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 90% to 96% compared to the CCG average of 93% to 98%.

- The practice offered a wide range of resources and information leaflets to patients. The practice also displayed a comprehensive information board for young people. This contained information of a variety of support services and sexual health information.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 80%, compared to the national average of 81%.
- The practice offered extended hours on Mondays, Wednesdays and on Saturday mornings. The practice nurses also offered nurse services between 8am to 7:30pm on Mondays and Wednesdays for those who could not attend the practice during core 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 offered longer appointments for patients with a learning disability.
- There were 39 patients on the practices learning disability register. The practice shared a report which highlighted that 48% of the practices patients with a learning disability had a care plan in place, these patients were also regularly reviewed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.

Good



Summary of findings

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).

- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Data showed that diagnosis rates for patients identified with dementia was 80% compared to the CCG average of 94% and national average of 93%. Staff explained that they were working through systems and proactively identifying cases of dementia.
- There were 66 patients on the practices register for dementia and 55 patients on the mental health register. Most of these patients had care plans in place, these patients were regularly reviewed and further reviews were planned.
- Performance for mental health related indicators was 96% compared to the CCG average of 94% and national average of 93%.

Good



Summary of findings

What people who use the service say

The practice received 124 responses from the national GP patient survey published in January 2016, 261 surveys were sent out; this was a response rate of 48%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 72% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.

- 85% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 72% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with five patients during our inspection and the service users completed 31 completed comment cards. Patients and comment cards gave positive feedback with regards to the service provided.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure fridge temperatures are recorded correctly, in line with national guidance, to ensure robust maintenance of the cold chain.
- Ensure risk is assessed and mitigated in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices.

- Ensure risk is mitigated in the in the absence of emergency medical equipment such as the defibrillator.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure systems are in place to inform patients that a private area is available for private discussions.

Lower Gornal Medical Practice

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 advisor and a practice manager specialist advisor.

Background to Lower Gornal Medical Practice

Lower Gornal Medical Practice is a long established practice located in the Lower Gornal areas of Dudley. There are approximately 9000 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.

The clinical team includes five GP partners, two salaried GPs, four practice nurses and three health care assistants. The GP partners and the practice manager form the practice management team and they are supported by a senior receptionist, six receptionists and a team of five staff members who cover IT, secretarial and administration roles.

The practice is open for appointments between 8am and 6:30pm during weekdays, the practice offers extended hours on Mondays and Wednesdays between 6:30pm and 7:30pm. The practice is also open for extended hours on

Saturday mornings between 9am and 11am, until the end of March 2016. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Lower Gornal Medical Practice has a branch surgery (The Straits Surgery, Masfield Road), the branch surgery is due for closure on 1 April 2016 and therefore we did not visit this branch as part of our inspection.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

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?

Detailed findings

- 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 1 March 2016.
- 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 staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. We viewed a summary of 25 significant events that had occurred since January 2015. The practice kept a record of trends in relation to significant events, incidents and complaints. The practice used these records to monitor themes and actions on a regular basis. Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas. These were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this. Staff told us how learning was shared during these meetings. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One of the GPs was the lead member of staff for safeguarding. The GP attended monthly safeguarding meetings and provided reports where necessary for other agencies
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and the healthcare assistants would usually provide a chaperoning service. Occasionally some members of the reception team would act as chaperones. Staff members had been trained on how to chaperone. The practice had also arranged for a male member of the reception team to attend chaperone training for male patients who preferred to have a male chaperone. We saw that all staff members had received disclosure and barring checks (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.

- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- 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. There was a protocol in place, we saw records of completed audits and that action was taken to address any improvements identified as a result. Staff had received up to date infection control training and the infection control lead incorporate infection control training for the induction of new staff and also offered infection control tutorials to staff during practice meetings when training was also covered.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a fortnight. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination

Are services safe?

fridges were well ventilated and secure, however during our inspection we found that although actual fridge temperatures were recorded daily, the minimum and maximum fridge temperatures were not recorded and therefore staff were not following guidance by Public Health England. We viewed records of a cold chain audit which was completed in February 2016. We noticed that the content highlighted that all three temperatures were being recorded, which contradicted what we found on the day.

- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. 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 saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.
- We viewed five staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

- The practice had used regular locum GPs to cover whilst waiting to recruit salaried GPs. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for the locum GPs.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had and oxygen with adult and children's masks on the premises. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support. The practice did not have a defibrillator on the premises; we saw that a risk assessment had been completed whereby the practice identified the need to purchase a defibrillator. The risk assessment highlighted that the practice will receive a defibrillator in May 2016 due to a donation from a local choir group. However, the risk assessment did not demonstrate that risk was mitigated in the meantime.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines were in date and records were kept to demonstrate that they were regularly checked and monitored. However, we found that the practice had not assessed the risk in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 96% of the total number of points available, with 7% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 96% compared to the CCG average of 94% and national average of 93%.
- Performance for overall diabetes related indicators was 96% compared to the CCG average of 88% the national average of 89%.

During our inspection we discussed the practices performance for dementia. Data showed that diagnosis rates for patients identified with dementia was 80% compared to the CCG average of 94% and national average of 93%. Members of the management team had identified that coding needed to be reviewed for this area following on from their clinical system migration in 2015. Staff explained that they were working through systems and proactively identifying cases of dementia.

We saw that the practice carried out a piece of work in 2015 to work through any coding errors and to try to raise the practices prevalence of dementia. The practice shared reports produced during their dementia and coding reviews. Data highlighted an increase in diagnosis rates and 362 patients had an assessment for dementia in 2014. Further assessments were carried out in 2015 whereby 577 patients received an assessment, 36 of these have had a diagnosis since April 2015. The practice were also offering assessments to patients who attended chronic disease clinics, and during a range of health checks,

Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of one completed clinical audit. The aim of the audit was to assess the use of rescue packs for patients with Chronic Obstructive Pulmonary Disease (COPD) and to assess osteoporosis risk. COPD rescue packs contain a supply of medication such as antibiotics and steroid tablets. The first audit was carried out in December 2014, the audit highlighted that 186 rescue packs had been prescribed and 27 patients had used three or more rescue packs in the previous six months. The audit also highlighted that fracture risk assessments for osteoporosis risk had been completed for five patients and were due for 22 patients. The practice implemented a process to ensure risk was adequately assessed by conducting fracture risk assessments for the remaining 22 patients. The repeated audit in February 2016 demonstrated that measures taken by the practice to prescribe rescue packs were clinically appropriate and effective. Rescue pack prescribing rates had reduced from 186 to 41 packs. We saw that fracture risk assessments had been completed for the 12 patients within the osteoporosis risk category.

We saw records of a GPs minor surgery review completed in April 2015. We saw that the GP had administered 62 joint injections and had performed minor surgery (including

Are services effective?

(for example, treatment is effective)

removal of lumps, bumps and cysts) on a total of 152 cases between April 2014 and March 2015. Most cases highlighted improved outcomes, one case was appropriately referred to secondary care and infection rates were 0%.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including diabetes, minor surgery, sexual health and COPD and asthma care. The practice manager had completed a level five practice manager diploma and had achieved a level three certificate in personnel practice.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics 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. In addition to in-house training, staff made use of e-learning training modules.
- Staff we spoke with commented on the training support provided by the practice and staff gave examples of where the practice had supported staff to attend a range of training events. One example discussed was where a member of the nursing team was able to attend a tissue viability day. This involved spending a day at the local leg ulcer clinic as part of their induction programme. This gave the practice nurse a thorough understanding of how the clinic was run and the knowledge in order to fully inform patients of what to expect when referring on to the leg ulcer clinic.
- We saw records which demonstrated how staff received ongoing training and support. Staff received regular reviews, annual appraisals and regular supervision.
- There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the upcoming revalidation of nurses (starting in April 2016). The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation

every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

- The practice had supported staff members through a variety of training courses. For example, the nurse practitioner had completed a diploma COPD and asthma care and further discussions with the practice nurse team demonstrated that they were also supported in attending external training updates. These included updates on cytology and child immunisations.

Coordinating patient care and information sharing

All 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis with regular representation from other health and social care services. We saw minutes of meetings to support that joint working took place and that vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's 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. We saw that the practice's palliative care register the gold standards framework for end of life care (GSF) register was regularly reviewed and discussed to support the needs of patients and their families. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. The practice had 37 patients on their palliative care register; most of these patients had care plans in place with regular health reviews implemented.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, 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.

There were 39 patients on the practices learning disability register. The practice shared a report which highlighted that 48% of the practices patients with a learning disability had a care plan in place, these patients were also regularly reviewed.

There were 66 patients on the practices register for dementia and 55 patients on the mental health register. Most of these patients had care plans in place, these patients were regularly reviewed and further reviews were planned.

Supporting patients to live healthier lives

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. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- The practice's uptake for the cervical screening programme was 80%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 40 year olds was 68% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 57% compared to the CCG and national averages of 58%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 82% to 97% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 90% to 96% compared to the CCG average of 93% to 98%.
- Flu vaccination rates for the over 65s was 71%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 48%, compared to the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. The healthcare assistants also visited patients at home to carry out health checks for older patients and patients who could not attend the surgery. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 31 CQC comment cards, positive comments were made to describe the service and staff were described as helpful, respectful and caring.

We spoke with four patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring. Some patients commented that sometimes conversations could be heard at the reception desk, this was due to the open plan reception and waiting area. We discussed this with members of the management team during our inspection and we were assured that notices would be displayed to inform patients that a private area is available for private discussions and that staff were available to offer support where requested.

Results showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 90% said the GP was good at listening to them compared to the CCG average and national average of 89%.

- 88% said the GP gave them enough time compared to the CCG average and national average of 89%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

During our inspection we reviewed records of a nurse service survey which had been rolled out in the practice in February 2016. The survey was initiated by the nurse prescriber in relation to nurse aspects of the national GP patient survey, where 87% of the respondents said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG and national average of 91%. The survey was actively being rolled out to patients between February and March 2016 and therefore a final analysis had not been conducted. However, the nurse practitioner provided a summary in reflection of the completed surveys received so far. The summary highlighted that patients completed a total of 101 surveys. All comments were extremely positive and patients gave positive feedback with regards to nurse communication, care and skills.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was

Are services caring?

also a carer. There was a practice register of all people who were carers and 2% of the practice list had been identified as carers. The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also displayed information containing supportive advice for carers and signpost information to other services.

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

The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

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, for carers and for patients 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 vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered extended hours on Mondays, Wednesdays and on Saturday mornings. The practice nurses also offered nurse services between 8am to 7:30pm on Mondays and Wednesdays for those who could not attend the practice during core hours.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes, a range of health promotion and the GPs also offered minor surgery to registered patients and for patients who were locally referred from their own GP.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system.
- The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual

impairment. The practice also displayed a comprehensive information board for young people. This contained information of a variety of support services and sexual health information.

The practice had identified that 10% of their patient population had asthma and COPD. The practice focused on patients with Chronic Obstructive Pulmonary Disease (COPD) and offered a telemedicine service for patients with COPD to self-monitor and answer questions on a daily basis using telemedicine equipment sourced by the practice. The service started in March 2015 and there were a total of 22 patients with COPD who were actively using the telemedicine equipment to self-report on their COPD data. The telemedicine equipment included a pulse oximeter to measure oxygen saturation and pulse rate, a range of thermometers, a spirometer for peak flow rates, a COPD assessment questionnaire and a mobile phone with a secure SIMM for patients to answer questions and transfer data to the practice's safe patient system software. The nurse prescriber and a GP both specialised in COPD care, these members of staff primarily managed the telemedicine service by daily a daily review of data and following up as required. The GP and the nurse were able to demonstrate how the system worked during the inspection, staff highlighted specific cases where they had promptly acted on telemedicine data by conducting home visits to patients and by providing them with rescue packs. The nurse also reviewed attendance at accident and emergency for patients with asthma and COPD, a home visit was then conducted 48 hours after these patients had been discharged from hospital.

Access to the service

The practice was open for appointments between 8am and 6:30pm during weekdays, the practice was open later on Mondays and Wednesdays when extended hours were offered between 6:30pm and 7:30pm. The practice was also open for extended hours on Saturday mornings between 9am and 11am and the Saturday service was due to continue until the end of March 2016. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 highlighted mixed responses with regards to access to the service:

Are services responsive to people's needs?

(for example, to feedback?)

- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.

The practice performance was below local and national averages for appointment waiting times:

- 35% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 34% 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 patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. However, some of the patients we spoke with on the day of our inspection commented that waiting times were sometimes longer when requesting to see a GP of their choice. Patients commented that if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations.

Staff explained that they were aware that appointment waiting times were an area to improve on, we also saw minutes of staff and patient participation group (PPG) meetings in 2015 where waiting times were discussed in teams. Clinicians were gently reminded to keep to time as

best possible and staff were further reminded to ensure patients are kept informed when clinics were running late. Members of the management team explained that they had worked on offering more appointments through extended hours and hoped that access to more appointments would help to reduce appointment times.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- 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.
- We saw a poster on display in the waiting area telling patients to speak with the practice manager if they had any concerns or complaints. The practice website and leaflet guided patients to contact the practice manager to discuss complaints.
- The practice continually reviewed complaints to detect themes or trends.

The practice shared records of the eight complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. We saw that learning from complaints was regularly discussed in monthly practice meetings, shared learning included reminders to staff around obligations to inform patients of any medical fees, such as insurance form fees.

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 practices vision was to provide high quality care to patients and to seek continuous improvement on the health status of the practices population. We spoke with 11 members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the practices vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.

- There was a clear staffing structure with supporting organisation charts in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including palliative care and mental health as well as non-clinical leads in IT services, data management and multi-disciplinary team (MDT) coordination. The information staff collected was then collated by the practice manager to support the practice to carry out service improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practices intranet.
- We also noticed that the practice kept 'How To' guides at reception and administration points in the practice, these guides contained instruction sheets to remind staff on how to follow day to day tasks; staff explained that the guides effectively acted as reminders when carrying out non-routine tasks and staff we spoke with said they were useful for new staff members also.

- There were some arrangements for identifying, recording and managing risks.
- There was a systematic approach to working with other organisations to improve patient care and outcomes.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The team encouraged a culture of openness and honesty. They were visible in the practice and staff commented that the management team were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

Practice staff attended a range of meetings on a regular basis in addition to monthly practice meetings and monthly multidisciplinary meetings. For example, the partners attended a business meeting every six weeks and a whole practice meeting was held twice a year. The practice manager explained that they were able to regularly engage with other practice managers by regular attendance at the Dudley practice manager alliance (DPMA) meetings. Discussions with the practice nurses highlighted that they felt part of a close team and they held a monthly nurse meeting to cover key areas with the nursing team.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG was consisted of 12 members including a PPG chair. The PPG met as a group every quarter, the practice manager and the GPs regularly attended the PPG meetings.

We spoke with two members of the PPG as part of our inspection. The practice shared a range of minutes and PPG event information to demonstrate how the group interacted with other organisations by inviting them as guest speakers at the PPG meetings, these included speakers from Action Heart, a local cardiac rehabilitation programme. The PPG was also exploring ways of

Are services well-led?

Good 

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

communicating with their younger population and had developed a PPG social media page which contained information about the practice, opening times, updates and key topics such as health promotions.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Safe care and treatment.
Maternity and midwifery services	Effective cold chain procedures were not followed, fridge temperatures were not recorded correctly. Regulation 12(2)(g).
Surgical procedures	We found that the practice had not assessed the risk in the absence of specific emergency medicine associated with minor surgery and the procedure of fitting specific birth control devices. Regulation 12(2)(f).
Treatment of disease, disorder or injury	