

# Drs Oram, Walton, Hynes & Dutton

## Quality Report

14 Horseley Heath  
Tipton  
Sandwell  
DY4 7QU  
Tel: 0121 5572027  
Website: [www.hhs-tmc.co.uk](http://www.hhs-tmc.co.uk)

Date of inspection visit: 4th October 2016  
Date of publication: 30/03/2017

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?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Drs Oram, Walton, Hynes & Dutton	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Oram, Walton, Hynes & Dutton on 4 October 2016. Overall the practice is rated as good.

The practice has two locations 14 Horseley Heath, Tipton and their sister practice Tandon Medical Centre. The practice has one patient list and patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

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.
- Risks to patients were assessed and generally well managed however, during the inspection we identified that a number of blood test results recorded on the practice computer system had not been actioned for six working days. We discussed this with the practice who took immediate action including reporting this as a significant event to the CCG..
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP 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 management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- There were video clips on the website produced by one of the GPs to help educate patients about recognising symptoms and how to access help. One video had led to 4 families taking their children to hospital with early symptoms of meningitis. All of the diagnoses were confirmed however there were no long term effects due to the early treatment which was provided. The Royal College of General Practitioners (RCGP) Midland Faculty Quality in GP Education had awarded a prize in 2016 for the “When should I worry” advice clip.

- The practice had undertaken a “Food First” campaign specifically targeting older patients in care homes where SIP feeds were being prescribed to aid nutrition in people losing weight. Care staff at the nursing homes involved had received advice about how to fortify food and the number of prescriptions for SIP feeds had been reduced. This work was highly commended by the Clinical Commissioning Group (CCG).

The area where the provider must make improvement are:

- Ensure risks are considered and mitigated in relation to the availability of emergency medicines .

The areas where the provider should consider making improvements are:-

- A written consent form should be used for patients providing consent for more invasive minor surgery.
- Continue to review the procedure in place for acting on patients test results to ensure that it is effective and timely.

**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**



- Risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice carried out coil fittings and did not hold the appropriate medicines for use in an emergency, there had been no risk assessment completed to support this decision.
- There was an effective system in place for reporting and recording significant events .
- During the inspection a number of test results were found on the practice computer system which had not been actioned for six working days. Staff took immediate steps to check these items and took the action necessary including reporting this as a significant event to the CCG. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 90% of respondents stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. This was above the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, patient access to appointments had been reviewed. As a result telephone consultations had been introduced, online appointments were pre-bookable up to 3 weeks in advance and the practice was trialling cross location access whereby patients could travel to the other surgery to see their doctor if they wished.
- Patients said they found it easy to make an appointment with a named GP. Although the waiting time to see their named GP could be up to 2 weeks patients were happy to wait as 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 were video clips on the website produced by one of the GPs to help educate patients about recognising symptoms and how to access help. One video had led to 4 families taking their children to hospital with early symptoms of meningitis. All of the diagnoses were confirmed however there were no long terms effects due to the early treatment which was provided.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However further analysis was required to identify and learn from trends.

**Outstanding**



# Summary of findings

## Are services well-led?

Good



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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However the system in place for acting on patients test results required improvement and monitoring to ensure that it was effective and the system for monitoring supplies of emergency drugs also required review.
- We saw an immediate response by senior staff to a serious event occurring. The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice was identified to take part in the inaugural Triumvirate Programme and formed a practice staff participation group to introduce improvements. A set of guidelines for managing abusive patients had been implemented leading to improvements in staff morale and reductions in the number of patients removed from the practice list.

There was a strong focus on continuous learning and improvement at all levels.

# 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice population included 7% of patients over the age of 75 years. They invited these patients for annual health checks and all had a named GP.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated

Multidisciplinary meetings were held twice each month and included discussions about patients who were at high risk of falls.

### 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 chronic disease management and patients at risk of hospital admission were identified as a priority. This included diabetes, asthma and chronic obstructive pulmonary disease (COPD). A diabetes specialist nurse and a hospital consultant held a bimonthly diabetes clinic at the practice.
- Performance for diabetes related indicators was better than the national average for example the percentage of patients on the diabetes register with a record of foot examination and risk classification within the period April 2014 to March 2015 was 91% compared to the CCG average of 87% and national average of 88% .
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

The practice employed a health care assistant (HCA) who liaised with other health care professionals and care was delivered in patient's homes for those who could not attend the surgery, for example those with mobility problems.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations with the practice achieving up to 97.5% uptake in 2014/15 across all age groups. Practice nurses undertook weekly childhood immunisation clinics at each location.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 78% of women aged between 25-64 had received a cervical screening test. This was similar to the CCG average of 80% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- This population group had been specifically targeted by creating and uploading a 24/7 advice clip onto the practice website entitled "When should I worry" providing parents with advice about how to identify symptoms of serious illness.
- We saw positive examples of joint working with midwives, health visitors and school nurses such as monthly antenatal sessions provided by the midwife for delivering prenatal care and advice.
- The practice provided family planning clinics including the insertion of coils.
- The practice worked closely with the 'emotional wellbeing team' which promoted emotional health for women during and after child birth. The practice had been involved in developing the service locally.

Good



## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services such as appointment booking and ordering of prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were provided between 6.30-7pm Monday to Fridays which would benefit patients who were working. Morning and evening telephone consultations were available daily.
- The practice actively worked with 'my-time active' this service provided health trainers to both practices to undertake the NHS health check for patients aged 40-74 years.
- There was early morning in-house phlebotomy (the taking of blood) service provided by the HCA.
- Patients could choose which practice they were seen at for their physiotherapy appointment.
- To manage demand, when capacity was full at one site, staff were currently looking at cross site appointments. Patients who were able to travel could then see their own GP at the other site which would enhance continuity of care.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Discussions about vulnerable adults and children were a standing item agenda in the monthly practice meetings.

Good



# Summary of findings

- A 'route2wellbeing' (care navigation resource) was available on the practice website..

## 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).

- <>  
95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was higher than the national average of 86%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, which was higher than the national average of 90%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- One of the GPs had a special interest in mental health, had been the CCG lead for mental health in the past and taught on the Diploma in Primary Care Mental Health one day per week. He was the lead GP in setting up the local ESTEEM team to whom the locality referred patients with complex mental health needs. A variety of services were offered such as cognitive behavioural therapy (CBT), computerised CBT, hypnosis CD's, art therapy, group and one to one counselling. As part of this service the practice had attached in-house counsellors .Patients could be seen in their own community for all of these services rather than engaging with hospital services.
- The practice served a 140 bed nursing home including a unit for the elderly mentally ill predominantly looking after patients suffering from dementia. One of the GPs provided two full ward rounds per week to this nursing home including 26 intermediate care beds for patients on step down care. The case management register covered a high percentage of these patients to enable review of unplanned admissions and A&E attendance. These ward rounds included quarterly medication reviews.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care planning for patients with dementia
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or lower than national averages. 309 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients said that the practice staff were helpful, caring and listened to them. Some commented that it was difficult to contact the surgery by telephone between 8-9am to book appointments.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test results for 2015/16 indicated that 81% of respondents were highly likely or likely to recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Review the procedure in place for acting on patients test results to ensure that it is effective and timely.
- Ensure risks are considered and mitigated in relation to the availability of emergency medicines.

### Action the service **SHOULD** take to improve

- A written consent form should be used for patients providing consent for more invasive minor surgery.

## Outstanding practice

- There were video clips on the website produced by one of the GPs to help educate patients about recognising symptoms and how to access help. One video had led to 4 families taking their children to hospital with early symptoms of meningitis. All of the diagnoses were confirmed however there were no long term effects due to the early treatment which was provided. The Royal College of General Practitioners (RCGP) Midland Faculty Quality in GP Education had awarded a prize in 2016 for the "Why should I worry" advice clip.
- The practice had undertaken a "Food First" campaign specifically targeting older patients in care homes where SIP feeds were being prescribed to aid nutrition in people losing weight. Care staff at the nursing homes involved had received advice about how to fortify food and the number of prescriptions for SIP feeds had been reduced.

# Drs Oram, Walton, Hynes & Dutton

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Drs Oram, Walton, Hynes & Dutton

Dr. Oram, Walton, Hynes and Dutton is located in Horseley Heath, Tipton in the centre of a busy residential area. The large health centre is owned and managed by the partners. There is easy access to the building and facilities are provided for patients with a disability. There is no onsite car park serving except for on the main road. There are approximately 11,170 patients of various ages registered and cared for across the practices and as the practice has one patient list, patients can be seen by staff at both surgery sites. The second practice is Tandon Medical Centre, Kent Street, Dudley. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

The practice team consists of seven GPs. Four of the GPs are partners (three male and one female) and three salaried GPs, (all female). There are also two GP Registrars, qualified doctors training to be GPs (one male and one

female). Their team also includes two nurse practitioners and three practice nurses (all female) and health care assistant (HCA). There is a practice manager, an assistant practice manager and a team of administrative staff.

The practice holds a Personal Medical Services (PMS) contract with NHS England. The practice is part of Sandwell and West Birmingham Clinical Commissioning Group (CCG).

The practice is open between 8:30am and 7pm Mondays to Fridays. Appointments are available from 9am to 12pm and 4pm to 7pm on Mondays, Tuesdays 8.30am to 12pm and 4pm to 7pm on Wednesdays, and Thursdays, 8.15am to 12pm and 2pm to 7pm on Fridays. In addition there are pre-bookable appointments that could be booked up to three weeks in advance and urgent appointments are available for people that needed them.

Patients requiring a GP outside of normal working hours are covered by a rota of GPs from the practice. Between 7pm and 8am patients are advised to call the 111 service. The majority of patients are of white British ethnicity with a number of East European and people from the Indian subcontinent. There are a proportionately high number of elderly patients and high prevalence of patients with a chronic disease. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten, with level one representing the highest level of deprivation.

This practice has been accredited as a GP training practice since 1996. It has qualified doctors attached to it who are training to specialise in general practice. It has provided placements for medical students since 2008.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4th October 2016. During our visit we:

- Spoke with a range of staff (GPs, GP registrars, practice nurses, health care assistant, practice manager, receptionists and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events. For example a significant event identified during the inspection was acted on promptly. Following our visit a staff meeting took place within two working days, a detailed discussion identified causative factors and an immediate action plan was put in place. The team made a commitment to audit the new procedure in three months.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an alert received about a batch of faulty dressings the HCA identified the dressings were in stock at the practice and returned them to the supplier, they also checked whether any had been used for patients.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection and adult safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During the inspection a number of test results were found on the practice computer system which had not been actioned for six working days. Staff took immediate steps to check these items and took the action necessary including reporting this as a significant event to the CCG. All results had been actioned by the following day.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific

## Are services safe?

clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in all treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult masks. Children's masks were ordered and available following the inspection. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. However, the practice carried out coil fittings and did not hold the appropriate medicines for use in an emergency, there had been no risk assessment completed to support this decision. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available which was above the national average. Clinical exception reporting of 12.1% was slightly higher than the CCG (8.8%) and the national average (9.2%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets.

- Performance for diabetes related indicators was comparable with the national average, for example the percentage of patients with diabetes in whom the last blood pressure reading was 14/80 mmHg or less was 79%, compared to the CCG average of 77% and national average of 78%.
- The percentage of patients with diabetes who had influenza immunisation in the period August 2014 to March 2015 was 94% compared to the CCG average of 94% and the national average of 94%.
- Performance for mental health related indicators was better than the national average., For example, the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 95% compared with the CCG average of 86% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example action was taken as a result of auditing the use of SIP feeds (food supplements) for people losing weight. The practice introduced a full nutritional assessment to monitor patients and promoted a "food first" approach and educating local nursing homes about effective fortification of food.

Information about patients' outcomes was used to make improvements. For example an audit was undertaken on the prescribing of antibiotics as a result the practice discussed NICE guidance and a re-audit was completed which demonstrated a clear reduction in prescribing.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff which was available on the website using a secure password. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had developed a web based induction and support pack for medical students with an accompanying leaflet.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurses attended regular updates on asthma, chronic obstructive pulmonary disease (COPD) and diabetes. The HCA had attended ear care and spirometry training.

# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- 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 recorded the outcome of the assessment.
- The consent form which was in use for patients providing consent for minor surgery was practice specific however it was in need of updating, for example providing potential side effects to specific interventions.
- The practice had developed a leaflet for patients about medical students. This included answers to frequently asked questions such as when they might see students and whether they could choose to refuse to see students. Patients were asked to sign a consent form to be seen by students.
- The process for seeking consent was monitored through patient records audits.

### 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and easy read format for

# Are services effective?

(for example, treatment is effective)

those with a learning disability. They also ensured a female sample taker was available. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 89% which was comparable to the CCG average of 51% to 94% and five year olds from 85% to 97% which was comparable to the CCG average of 55% to 95%.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 Care Quality Commission comment cards we received from patients all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% 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 that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in an easy read format.

## Are services caring?

- There were alerts on the records of patients who were vulnerable and had communication difficulties which meant that staff could plan ahead for their consultation and use methods most appropriate to their needs. Sign language interpreters were available for patients with a hearing impairment.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients as carers (1.8% of the practice list). The HCA offered health checks to carers and provided a link to the website for local support services called the "route to wellbeing". Written information was available in the waiting room to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Early morning appointments were available from 8.30am on Wednesdays and Thursdays and from 8.15am on Fridays. There were also late evening appointments up to 7pm on Monday to Fridays. This benefited working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. There were disabled facilities, a hearing loop and translation services available.
- Health promotion and prevention video clips had been produced for the practice website. At the time of inspection the website had been visited 40,800 times since it was created in November 2012. This included information about "What to look out for in a septic child" to help parents and carers identify the condition also a clip named "When should I worry", a resource for families about when to access medical help. The latter had 153 views since February 2015; and as a result four children registered at the practice had been admitted to hospital with confirmed meningitis. There were no long term consequences because the children received early treatment.
- A display of information and resources had been developed to help promote good nutrition in patients which was part of the 'Food First' campaign, which was highly commended by the CCG. A full nutritional assessment had been introduced to monitor patients and care staff at local nursing homes had been educated about effective fortification of food.

- The practice served a 140 bed nursing home including a unit for the elderly mentally ill predominantly looking after patients suffering from dementia. One of the GPs provided two full ward rounds per week to this nursing home including 26 intermediate care beds for patients on step down care.
- Reasonable adjustments were made to improve access to the service. For example the availability of telephone consultations and the option of appointments at the surgery at Tandon medical Centre.

### Access to the service

The practice is opened between 08:30am and 7pm Monday to Friday. Appointments were from 9am to 12pm and 4pm to 7pm Monday, Tuesday, 8.30am to 12pm and 4pm to 7pm Wednesday and Thursday and 8.15am to 12pm and 2pm to 7pm Friday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

As a result of the survey the practice had reviewed the telephone system and were discussing options for improvement which included more phone lines, and a queuing system. A separate survey of patients was conducted at flu clinics in 2014, repeated with the same questions in 2016. This canvassed opinions regarding "What particular thing do you like most at the practice?" and "What one thing would you want to change?"

Following these exercises three changes were made; the online access for appointments was introduced, introduction of telephone appointments, and changes to the seating area. Word pictures were displayed on the practice website to communicate the outcome of the



# Are services responsive to people's needs?

## (for example, to feedback?)

exercise. The practice had achieved the CCG target for 5% of the patient list to be registered for online access. Currently there were 12.7% of patients registered online as a result of on-going engagement and response to patient views. The number of web-allocated appointments was increasing proportionately over time from the initial one-per-surgery. For example three appointments were available to those registered for online access during Friday evening surgery.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 including posters on display and advice leaflets.

We looked at 16 written and verbal complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints discussed at staff meetings. However staff were not undertaking any analysis of trends and action taken in order to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas. A practice reference group made up of clinicians, administrative and reception staff had developed a set of practice values which included compassion, optimism and equality.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. An award-winning clip "The National Health" had been produced by practice staff as an original way of communicating the practice's vision and values.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in various areas such as GP leads for safeguarding and education and training. There were also Advanced Nurse Practitioner leads for family planning, diabetes and COPD.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and a summary posted for patients in the waiting room.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however there were some gaps identified in the system for checking emergency drugs and in monitoring test results.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they received cards of thanks from the GPs for their hard work.

### 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 gathered feedback from patients through the patient participation group (PPG) and



# Are services well-led?

Good 

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

through surveys and complaints received. The PPG currently had a small number of members but new volunteers were being recruited using promotions in the waiting rooms, on the back of prescriptions and in the newsletter. Members were consulted about patient surveys, produced a quarterly newsletter and discussed issues such as telephone access, staffing, and the building with the assistant practice manager and the GPs.

- The practice undertook mini surveys at flu clinics such as “What is the single thing you would like to improve at the surgery?” This feedback gave rise to the change in access to same day appointments from 8am both by phone and face to face and telephone appointments.
- The practice had gathered feedback from staff through staff feedback questionnaires and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was running particular through the triumvirate project work.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- An audit of the use of Smart cards (needed for staff to access information stored on the computer system) demonstrated that improvements were needed. The re-audit indicated a large improvement in security as regards staff removing cards from computers thereby reducing the risk of a data protection breach.

## • Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas. A practice reference group made up of clinicians, administrative and reception staff had developed a set of practice values which included compassion, optimism and equality.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

## • 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in various areas such as GP leads for safeguarding and education and training. There were also Advanced Nurse Practitioner leads for family planning, diabetes and COPD.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and a summary posted for patients in the waiting room.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however there were some gaps identified in the system for checking emergency drugs and in monitoring test results.

## Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

# Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they received cards of thanks from the GPs for their hard work.

## 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG currently had a small number of members but new volunteers were being recruited using promotions in the waiting rooms, on the back of prescriptions and in the newsletter. Members were consulted about patient surveys, produced a quarterly newsletter and discussed issues such as telephone access, staffing, and the building with the assistant practice manager and the GPs.
- The practice undertook mini surveys at flu clinics such as "What is the single thing you would like to improve at the surgery?" This feedback gave rise to the change in access to same day appointments from 8am both by phone and face to face and telephone appointments.
- The practice had gathered feedback from staff through staff feedback questionnaires and generally through

staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was running particular through the triumvirate project work.

## • Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- An audit of the use of Smart cards (needed for staff to access information stored on the computer system) demonstrated that improvements were needed. The re-audit indicated a large improvement in security as regards staff removing cards from computers thereby reducing the risk of a data protection breach.
- The practice had gained two awards, one from the Royal College of General Practitioners Midland Faculty Inspiration Award 2015 and a RCGP Midland Faculty Quality in GP Education Award 2016 for a "When should I worry" advice clip on the website.
- The practice took part in the inaugural Triumvirate Programme (with Health Education England representing Black Country practices) to introduce change and service improvement by forming practice staff participation groups. The practice group had discussed the values of the team, how to manage abusive behaviour by patients and reviewed the repeat prescription policy. Since implementing the abusive patient guidelines staff morale had improved and only three patients had been removed from the practice list.
- The practice engaged with the CCG medicines management team to monitor and improve prescribing.
- Representatives attended quarterly CCG meetings which discussed local needs and improvements such as how to reduce attendances at the Accident and Emergency department.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not assess the risks to the health and safety of service users of receiving care or treatment and do all that was reasonably practicable to mitigate any such risks.</p> <p>Risks in relation to the availability of emergency medicines had not been considered and mitigated.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>