

# Drs Cox Pinto and Rigby

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cross Street Health Centre on 25 May 2016. Overall the practice is rated as good.

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

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- The practice was proactive in identifying and managing significant events. Opportunities for learning from internal and external incidents were maximised.
- Performance data across some areas was below average, including uptake for cervical screening and for identifying and supporting patients who would benefit from smoking cessation advice.
- The practice had identified the need to take a more proactive approach in managing medication reviews. During our inspection we saw data to demonstrate that some improvements had been made in this area and that an ongoing piece of work was in place to ensure that regular reviews were taking place as appropriate.
- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them.

# Summary of findings

- Staff spoken with demonstrated a commitment to providing a high quality service and throughout our inspection we noticed a theme of positive feedback from staff.
- There was a systematic approach to working with other organisations to improve patient care and outcomes. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

We saw an area of outstanding practice:

- Approximately 39% of the practice population were non-English speaking patients. We saw how the practice had started to utilise a local Integrated Plus scheme to specifically support their non-English

speaking patients. As a result, these patients were supported in a variety of ways such as signposting them to befriending services used by others who did not have English as a first language. These patients were helped to use public transport in order to attend appointments in secondary care.

The areas where the provider should make improvements are:

- Continue to identify carers and ensure that all carers are captured on the computer system, in order to provide further support where needed.
- Continue to explore ways to engage with patients who do not attend for cervical screening, in order to ensure screening is taking place as appropriate and improve uptake.
- Continue to engage with patients and work on improving overall medication reviews and ensure that regular reviews are taking place as appropriate.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There were systems in place to monitor safety. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- We observed the premises to be visibly clean and tidy.
- There were adequate arrangements in place to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. 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.
- Performance data across some areas was below average, including uptake for cervical screening and for identifying and supporting patients who would benefit from smoking cessation advice.
- Staff explained that occasionally patients did not wish to engage in medication reviews and that this had highlighted the need for a more proactive approach in managing the reviews. Data highlighted some areas where improvements had been made with regards to medication reviews.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- 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.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- There was a practice register of all people who were carers and 1% of the practice list had been identified as carers. Staff advised that they felt there were more registered carers in the practice and that they needed to work on coding to ensure that all carers were being captured on the computer system, in order to provide further support where needed.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- 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 wide range of resources and information leaflets to patients. Information was available in a variety of formats and in a variety of languages including practice leaflets in easy to read formats. We also saw how the practice utilised a local Integrated Plus scheme to specifically support their non-English speaking patients.

Good



## Are services well-led?

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

Good



# Summary of findings

- Staff spoken with demonstrated a commitment to providing a high quality service. Staff highlighted that they felt supported and part of a close practice team. The practice encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.
- There were effective arrangements in place to the support processes for identifying, recording and managing risks. There was a systematic approach to working with other organisations to improve patient care and outcomes.
- 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.
- Although there was a system in place for handling complaints and concerns, staff explained that they had not received any formal complaints in writing since 2014. Staff explained that since 2014 patients had raised some concerns verbally and that these were resolved at first point by the practice manager.

# 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

Good



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.
- Immunisations such as flu vaccines were also offered to patients at home, who could not attend the surgery.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. This included members of the practices older population.

### People with long term conditions

Good



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

- The practice offered a range of clinical services which included care for long term conditions.
- Performance for overall diabetes related indicators was 94%, compared to the CCG average of 88% and national average of 89%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%. Staff we spoke with highlighted that approximately 20% of the practices list size had hypertension.

### Families, children and young people

Good



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.

# Summary of findings

- Childhood immunisation rates for under two year olds ranged from 87% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 87% to 100% compared to the CCG average of 93% to 98%.
- The practice offered urgent access appointments for children.
- The practice's uptake for the cervical screening programme was 71%, compared to the national average of 81%. Staff explained that they had a large number of patients from ethnic minority groups and felt that this impacted on the practice's performance for cervical screening. To improve this the practice had contacted the local cytology department for advice and had requested some multilingual information specifically on cytology.

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

Good



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 offered a range of clinical services which included minor surgery, family planning, travel and well person clinics.
- Practice data highlighted that since January 2015, 15 patients had been identified as needing smoking cessation advice and support; these patients had been given advice and 6 (40%) had successfully stopped smoking.
- 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 and Wednesdays until 7:30pm for those who could not attend the practice during core hours.

## People whose circumstances may make them vulnerable

Good



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



# Summary of findings

- The practice offered longer appointments for patients with a learning disability. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.
- There were 21 patients on the practices learning disability register, 14% of these patients had care plans in place and 42% of the eligible patients had received a medication review in a 12 month period
- There was a register which contained 37 patients from vulnerable groups, including patients with drug or alcohol dependency these patients were frequently reviewed in the practice and 56% had received a review in a 12 month period.
- Staff highlighted that they had a number of patients registered with the practice who were asylum seekers and a number of patients who did not have English as a first language. We saw how the practice utilised a local Integrated Plus scheme to specifically support their non-English speaking patients.

## People experiencing poor mental health (including people with dementia)

Good



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 appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. The data provided by the practice highlighted that 96% of their eligible patients had care plans in place and 96% had received a medication review in a 12 month period.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. Data provided by the practice highlighted that 86% of these patients had care plans in place, these patients were regularly reviewed and 86% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

# Summary of findings

- The practice also supported patients who were experiencing poor mental health by referring them to a gateway worker who provided counselling services on a weekly basis in the practice

# Summary of findings

## What people who use the service say

The practice received 117 responses from the national GP patient survey published in January 2016, 324 surveys were sent out; this was a response rate of 36%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 90% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 84% 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%.

- 80% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 76% 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 10 patients during our inspection including three members of the patient participation group (PPG). Service users completed 24 CQC comment cards. Patients and the comment card gave positive feedback with regards to the service provided.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue to identify carers and ensure that all carers are captured on the computer system, in order to provide further support where needed.

- Continue to explore ways to engage with patients who do not attend for cervical screening, in order to ensure screening is taking place as appropriate and improve uptake.
- Continue to engage with patients and work on improving overall medication reviews and ensure that regular reviews are taking place as appropriate.

## Outstanding practice

We saw an area of outstanding practice:

- Approximately 39% of the practice population were non-English speaking patients. We saw how the practice had started to utilise a local Integrated Plus scheme to specifically support their non-English speaking patients. As a result, these patients were

supported in a variety of ways such as signposting them to befriending services used by others who did not have English as a first language. These patients were helped to use public transport in order to attend appointments in secondary care.

# Drs Cox Pinto and Rigby

## 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 nurse specialist advisor.

### Background to Drs Cox Pinto and Rigby

Drs Cox, Pinto and Rigby are based at Cross Street Health Centre which is a long established practice located in the Dudley area of the West Midlands. There are approximately 4495 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 three GP partners, a salaried GP, two practice nurses and a health care assistant. The GP partners and the practice manager form the practice management team and they are supported by a team of five staff members who cover secretarial, administration and reception duties.

The practice is open for appointments between 8:30am and 6:30pm during weekdays. There is a GP on call in the morning between 8am and 8:30am. The practice offers extended hours on Mondays and Wednesdays until 7:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

### Why we carried out this inspection

We 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?
- 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)

# Detailed findings

- 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 25 May 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 20 significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a power failure which resulted in the practices electrical and telephony systems being shut down for a number of hours on two occasions. The incident also impacted on the cold chain; for the appropriate storage and management of vaccines. Discussions with staff and the significant event record highlighted how the practice acted promptly and appropriately to take remedial action straight away. The practice team referred to their disaster recovery plan and staff were able to continue to run the service through paper based processes and calls were handled through a practice mobile phone. Public Health England were notified of the incident with regards to a break in the cold chain and the practice acted on advice given.

Significant events 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. Members of the wider

practice team had also been supported to attend internal and external training courses which incorporated safeguarding principles, for example all staff had completed a training day on female genital mutilation (FGM) in 2015.

- Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken, alerts were also discussed during practice meetings. We discussed examples of recent alerts with member's clinical team and we saw how alerts were acted on effectively. For example, patients using mobile testing equipment to monitor specific blood levels were contacted by the practice and given guidance in relation to a medical device alert.
- 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. We saw that disclosure and barring checks were in place for members of staff who chaperoned and all chaperones had received chaperone training.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of 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.
- The practice had mercury sphygmomanometers in some of the treatment rooms. This is a device used to measure blood pressure. During our inspection we

## Are services safe?

identified that the practice did not have the specific spill kit required to deal with mercury spills, the necessary kits were ordered shortly after the inspection and we saw records to support this.

- 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. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was a system in place to track and monitor the use of the prescription pads used for home visits.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. 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 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.
- We viewed six 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. The practice used locum GPs to cover if ever the GPs were on leave. Staff explained that on occasions when locums were used

this was done through locum agencies that they regularly used. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

### Monitoring risks to patients

There were a number of 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.

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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 a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers and staff we spoke with highlighted how useful the plan had been during a recent power failure at the practice.
- The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure areas of the practice and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.
- There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.



# 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. 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 5% 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%. Staff we spoke with highlighted that approximately 20% of the practices list size had hypertension.
- Performance for mental health related indicators was 99%, compared to the CCG average of 94% and national average of 93%. Data provided by the practice highlighted that they had 50 patients on the mental health register. The report also highlighted that 86% of these patients had care plans in place and 86% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 23 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 96% of their eligible patients had care plans in place and 96% had received a medication review in a 12 month period with ongoing reviews planned.
- Staff we spoke with highlighted that approximately 8% of the practices list size had diabetes. QOF performance for overall diabetes related indicators was 94%, compared to the CCG average of 88% and national average of 89%.

Staff explained that occasionally patients did not wish to engage in medication reviews and that this had highlighted the need for a more proactive approach in managing the reviews. To improve this the practice attached a letter to each prescription pertaining to a medication review, to prompt the patient to attend the practice. Additionally the practice applied an alert on the system to notify staff and patients when reviews are due. We discussed the practices performance regarding medication reviews for specific registers including patients experiencing poor mental health, patients diagnosed with dementia and patients on the practices palliative care register. Staff explained that this was an area the practice was continuing to focus on, alongside the pharmacy advisor from the local clinical commissioning group (CCG). Overall figures for medication reviews highlighted areas where improvements had been made, for example:

- Practice data highlighted that overall, 88% of the practices patients on four or more medications had received a review within a 12 month period.
- Practice data highlighted that overall, 78% of the practices patients on repeated medication had received a review in a 12 month period.

The practice shared records of four clinical audits and an access audit which was conducted in 2013. One of the clinical audits was conducted in 2013 and repeated in 2014, this audit focussed on the procedures for fitting contraceptive devices. We looked at records of a more recent completed prescribing audit which was conducted in November 2015 and repeated in January 2016. Audit findings highlighted that adherence to the local antibiotic



# Are services effective?

## (for example, treatment is effective)

prescribing formulary had increased from 27% in November 2015 to 46% in January 2016. Actions included installing a link to the local formulary prescribing website on each clinicians desktop in the practice.

### 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 family planning, minor surgery, long term condition and chronic disease management. The practice manager had a lead role in supporting the coordination of the Dudley Practice Manager Alliance (DPMA) meetings. These meetings took place on a monthly basis, practice managers and supporting staff regularly attended these meetings to share ideas and discuss best practices with other practices in the local area.
- 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.
- The practice had supported staff members through a variety of training courses. For example, nurses were supported to attend studies days, such as updates on immunisations and cervical screening. In addition to in-house training staff made use of e-learning training modules.
- 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 revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

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. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. 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.

The practice had eight patients on their palliative care register. The data provided by the practice highlighted that 62% of these patients had a care plan in place and 100% of the eligible patients had received a review in a 12 month period. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

There were 21 patients on the practices learning disability register, 14% of these patients had care plans in place and 42% of the eligible patients had received a medication review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

# Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Supporting patients to live healthier lives

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 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.

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.

- Practice data highlighted that since January 2015, 15 patients had been identified as needing smoking cessation advice and support; these patients had been given advice and 6 (40%) had successfully stopped smoking.
- 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 87% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 87% to 100% compared to the CCG average of 93% to 98%.

- The practice 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 70 year olds was 72% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 52% compared to the CCG and national averages of 58%.
- During our inspection we discussed the practice's uptake for the cervical screening programme which was 71%, compared to the national average of 81%. Staff explained that they had a large number of patients from ethnic minority groups and felt that this impacted on the practices performance for cervical screening. Practice data highlighted that approximately 8% of the practices list were from different ethnic groups. To improve this this practice had contacted the local cytology department for advice and had requested some multilingual information specifically on cytology. Staff and members of the patient participation group (PPG) also confirmed that this was an area that the practice were continuing to work on and that there were plans in place to hold a health promotion event to focus on and support patients from different ethnic groups.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.

# 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.

Results from the national GP patient survey (published in January 2016) showed patients were mostly happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 89% said the GP gave them enough time compared to the CCG average and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 89% 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%.

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

- 86% 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%.
- 85% said the GP was good at listening to them compared to the CCG average and national average of 89%.

We spoke with 10 patients on the day of our inspection including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and all staff were described as friendly, and helpful. Practice nurses were described as caring and patients commented that GPs often took the time to listen to patients and carefully explain care and treatment options. We received 24 completed CQC comment cards, all cards contained positive comments. Comments described an efficient service and staff were described as helpful, caring and respectful.

### 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:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%.
- 88% 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%

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 37 patients were on the register, these patients were frequently reviewed in the practice and 56% had received a review in a 12 month period.

### 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 also a carer. There were 42 patients on the practice register for carers; this was 1% of the practice list. Members of the management team explained this was identified as an area to improve on as a result of the inspection process. Staff advised that they felt there were more registered

## Are services caring?

carers in the practice and that they needed to work on coding to ensure that all carers were being captured on the computer system, in order for them to be applied to the relevant register and given the support they needed.

We saw that the practice had a carer's pack in place which contained supportive advice for carers and signpost information to other services. The practice offered flu vaccines and annual reviews for anyone who was a carer. During the inspection staff advised that they were planning to incorporate carer identification in to the form they used for new patient registrations.

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 practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. A practice report provided by the Integrated Plus scheme demonstrated how support had been provided to 15 of the practice's patients who were experiencing poor mental health, living in isolation and feeling lonely. These patients were signposted to local support services including activity groups, mental health support as well as drug and alcohol support groups.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to 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 and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Mondays and Wednesdays until 7:30pm. The practice also offered telephone consultations with a GP at times to suit patients and text messaging appointment reminders were utilised to remind patients of their appointments in advance.
- There were disabled facilities, hearing loop and translation services available.
- The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of formats and in a variety of languages including practice leaflets in easy to read formats.
- Staff highlighted that they had a number of patients registered with the practice who were asylum seekers and a number of patients who did not have English as a first language. Approximately 39% of the practice population were non-English speaking patients. We saw how the practice had started to utilise the Integrated Plus scheme to specifically support their non-English speaking patients. Two examples of how the practice had accessed a befriending service were shared with us

whereby non-English speaking patients who were living in isolation were introduced to other people who came from the same country and who could speak the same language. As a result, these patients were supported in a variety of ways, for instance, patients were helped to use public transport in order to attend appointments in secondary care.

### Access to the service

The practice was open for appointments between 8:30am and 6:30pm during weekdays. There was a GP on call in the morning between 8am and 8:30am. The practice offered extended hours on Mondays and Wednesdays until 7:30pm. 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:

- 90% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 76% 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:

- 50% 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%.
- 50% 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 card gave positive feedback with regards to the service provided. Patients commented that if appointment waiting 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## **Listening and learning from concerns and complaints**

There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice website and leaflet also guided patients to contact the practice manager to discuss complaints.

Although there was a system in place for handling complaints and concerns, staff explained that they had not received any formal complaints in writing since 2014. We saw a summary of nine complaints which were received between 2011 and 2014. The complaint records demonstrated that they were satisfactorily handled and responses demonstrated openness and transparency.

Staff explained that since 2014 patients had raised some concerns verbally, these were resolved at first point by the practice manager who resolved concerns immediately.



# 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's vision was to provide patients with high quality care, using a friendly and caring approach at all times. We spoke with seven members of staff during our inspection, all of which spoke positively about working at the practice. Throughout our inspection there was a strong theme of positive feedback from staff. Staff we spoke with said they felt valued, supported and that they felt part of a close practice team. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

### Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including family planning and a lead for diabetes, as well as non-clinical leads in human resources and health and safety.
- A programme of continuous clinical and internal audit was used to monitor quality and to make 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 practice's intranet system.
- There were records in place to support the practice's arrangements for identifying, recording and managing risks.

### Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The management team worked closely together and they shared an inspiring shared purpose to motivate and encourage staff to succeed. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that they were aware of the practice's open door policy; staff said they were confident in raising concerns and suggesting improvements openly with members of the management team.

The practice had a regular programme of practice meetings; these included weekly GP partner meetings, monthly practice meetings and regular practice nurse meetings. Meetings were governed by agendas which staff could contribute to. We saw minutes of these meetings which highlighted that key items were covered such as significant events, safety alerts and changes to policies and processes.

### 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 met as a group on average every six to eight weeks, with regular attendance by practice staff. The PPG consisted of eight members including a PPG chair. We spoke with three 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 had been involved in supporting the practice. Examples included improvements to the patients waiting areas by improving how resources and leaflets were organised and by displaying paintings on the walls. The PPG also held charity events to raise funds which contributed towards purchasing children's toys for the waiting area and a wide range of health promotional information in a variety of languages for the practice's non-English speaking population. The PPG also developed a cleaning schedule with the practice cleaner to ensure children's toys were regularly cleaned in line with infection control guidelines. There was a successful patient survey which was rolled out by the PPG on an annual basis, the PPG were in the process of analysing feedback from the most recent survey however PPG members commented how improvements such as customer care training for staff had been implemented in the practice due to patient feedback on the PPG survey.

The PPG were supporting the practice with an upcoming Expert Patient Programme which was facilitated through Public Health. The aim of the programme was to educate and support patients in the management of long term conditions. We saw a number of posters and leaflets on display which welcomed patients to attend the first of the six week course sessions on 1 June 2016. The PPG

# Are services well-led?

Good 

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

explained how they were also attending the programme to identify non-English speaking patients and carers in order to signpost them to additional supportive services such as Integrated Plus and local carer networks.