

Tudor Medical Centre

Quality Report

Tudor Medical 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 Tudor Medical Centre on 1 August 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- 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. Verbal complaints were not monitored.
- Most 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. However some patients told us that it was not always easy to get an appointment in a timely way.
- 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.

The practice was involved in local initiatives and was in the process of merging with a local practice which would increase the size of the practice population it served.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure appropriate action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, relevant information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Recruitment procedures had been reviewed to ensure that full recruitment checks were completed.

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 above average when compared to the England 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



- Data from the national GP patient survey showed mixed patient satisfaction results with lower scores for consultations with GPs. The practice acknowledged this and carried out an extensive survey to monitor patient satisfaction and found the results to be significantly more positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.

Good



- 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 the practice worked closely with secondary care professionals on initiatives to improve the care of patients with long term conditions.
- Patients said that they did not always find it easy to get an appointment and there was a long waiting time in the waiting room before their appointment. The practice had reviewed the appointments system to address this. Urgent appointments were available the same day.
- The practice had completed audits of appointments and could demonstrate a significant reduction in the number of patients who did not attend an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had ensured its website was totally multi-lingual to support the language needs of its diverse population.
- Information about how to complain was available and easy to understand.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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.
- Governance for clinical risks such as medicines, changes in patient care and treatment and acting on information about patient care was well managed.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 personalised care to meet the needs of the older people in its population. Older patients who are housebound were able to request a home visit from a GP or Nurse as appropriate.
- Patients aged 75 years plus were offered annual health checks and allocated a named GP.
- Older patients who are house-bound received an additional annual visit leading up to the winter months and were offered the flu vaccination at the time of the visit.
- Older patients were included on the practice hospital admission avoidance register.
- Home visits and flexible appointments were available for older patients. Older patients were offered urgent and longer appointments for those with enhanced needs which gave them more time to discuss health issues with a clinician.

People with long term conditions

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

Good



- The GPs, nurses and healthcare assistants had lead roles in chronic disease management.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice Quality and Outcomes Framework (QOF) score for the care of patients with long-term conditions was comparable to the local and national average. For example the practice performance for diabetes related clinical indicators overall of 89% was similar to the local Clinical Commissioning Group of 88% and England average of 89%.

Families, children and young people

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

Good



- Immunisation rates for two of the three age groups were relatively high for all standard childhood immunisations. The rates for children aged five years was slightly lower overall.

Summary of findings

- 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.
- Babies were given their first immunisations on the same day as mothers were offered their six week postnatal check.
- The practice's uptake for the cervical screening programme was 74% which was lower than the local Clinical Commissioning Group (CCG) average of 78% and England average of 82%. The practice had plans in place to address this.
- Children of all ages and children aged under the age of five were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.
- We saw positive examples of joint working with other professionals.

Working age people (including those recently retired and students)

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

- The practice offered telephone consultations specifically for workers.
- The Practice offered extended hours for early appointments from 06:30am with a Nurse or GP to accommodate patients who worked.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were sent telephone texts to remind them about their appointment and to send test results.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability and offered this group of patients longer appointments.
- The practice was alerted to other patients whose circumstances may make them vulnerable or may present a risk to ensure that they were registered with the practice if appropriate.
- The practice had a register of patients receiving palliative care. The patients were risk assessed for ease of identification and monitoring.

Good



Summary of findings

- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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).

- The practice worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice maintained a register of patients diagnosed with dementia
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 95% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was higher than the local and national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 87%, which was higher than the local average of 82% and national average of 84%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing similar to the local and national averages in several areas. A total of 362 surveys (5.3% of patient list) were sent out and 107 (30%) responses, which is equivalent to 1.6% of the patient list, were returned. Results indicated the practice performance was lower than other practices in some aspects of care. For example:

- 72% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 72% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 58% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).
- 72% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were mostly positive about the standard of care. Patients said that the service was excellent and that staff were professional, friendly, helpful, polite and caring. Where concerns were commented on in the cards these related to difficulties with appointments.

The practice monitored the results of the friends and family test monthly. The results for July 2016 showed that 76% of patients that responded were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 33% of patients were likely to recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received. A poster in the waiting area made patients aware of the results of the family and friends test. The poster was presented in large print and easy read format which helped to make the outcome accessible to patients.

Tudor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Tudor Medical Centre

Tudor Medical Centre is an established practice registered with the Care Quality Commission (CQC) as a partnership. The practice provides medical services to approximately 7,175 patients over two sites. The main practice is based at 1 Tudor Road, Wolverhampton WV10 0LT and the branch practice is located at Wellington Road Surgery, Wellington Road, Bilston WV14 6AQ. For this inspection a visit was made to both sites. Both premises have recently been modernised to improve facilities for patients. There is good transport links for patients travelling by public transport and parking is available for patients travelling by car. There is level access and services are provided to patients on the ground floor of the premises. The practice is accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of three GP partners two male and one female, a salaried GP and a GP registrar, both male. The GP partners and GP registrar work a total of 36 sessions per week.

The GPs are supported by two practice nurses and a health care assistant. Clinical staff are supported by a business consultant, operational management support and an

administration manager, eight reception/administration staff, two secretaries and two cleaners. In total there are 21 staff employed either full or part time hours to meet the needs of patients.

The practice is open between 8am and 6.30pm Monday, Tuesday, Wednesday, Friday and 8am to 1pm on Thursday. Appointments are available from 9am to 12 pm and 3.30pm to 5.30pm on Monday, Tuesday, Wednesday and Friday and 6.30am (by arrangement) to 12pm on Thursday. This practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service by Vocare via the NHS service.

The practice has a General Medical Services contract with NHS England to provide medical services. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations, minor surgery and the care and support of patients with dementia. The practice has a higher proportion of children aged below nine years and patients aged between 25 and 39 years. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 35% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (33% compared to 16%).

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

Detailed findings

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 held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 August 2016.

During our visit we:

- Spoke with a range of staff including the GPs, practice nurses, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 Care Quality Commission (CQC) at that time.

Are services safe?

Our findings

Safe track record and learning

There was a 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, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Safety alerts were received by the clinicians, pharmacists and managers. The alerts were put onto a shared file on the practice computer system and this was accessible by all staff. The practice kept a file of the alerts they received and maintained a spreadsheet which listed the alerts, described in detail the actions to be taken, member of staff responsible and date the action should be completed by. We saw that the practice had reviewed and acted on one of the most recent safety alerts related to a specific medicine containing components that could be a risk to women of child bearing age. The practice had identified nine female patients who were taking this medicine. The patients were contacted, given a booklet explaining about the medicine, and alerts were put onto patients' records. Evidence of other reviews and searches on safety alerts were also seen.

The practice carried out a thorough analysis of the significant events. We reviewed safety records and incident reports where these were reported and discussed. The practice had recorded 23 significant events, both clinical and operational which had occurred between January 2015 and July 2016. One of the events showed that a medicine prescribing error was made by the referring hospital. The medicine was not issued and the practice spoke with the local clinical pharmacist and the hospital specialist to discuss the error. The minutes of practice meetings demonstrated that appropriate learning from events had been shared with staff and external stakeholders.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. One of the GPs was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice also routinely reviewed and monitored children who did not attend hospital appointments and immunisation appointments. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. Suspected safeguarding concerns were shared with other relevant professionals such as social workers and the local safeguarding team.

Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. This ensured that different patient groups were made aware that this service was available to them. All staff had received chaperone training. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. 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.

The practice had an infection control policy and supporting procedures were available for staff to refer to. One of the practice nurses was the clinical lead for infection control. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available in accessible areas within the practice. Appropriate clinical waste disposal contracts were in place. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was 51 patients identified on high risk medicines and the practice had shared care agreements in place to manage their care. A review of these patients showed that all but one had had up to date specific tests completed over the year. This patient had received regular prescriptions. This was discussed with the GPs and the incident reported as a significant event. The practice ensured that an appointment was made with the GP. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicine advisory 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. The practice had effective shared care systems in place to review and monitor patients prescribed high risk medicines. Specific medicine directions (Patient Group Directions for the practice nurses and Patient Specific Directions for the healthcare assistants) were adopted by the practice to allow the practice nurses and healthcare assistants to administer specific medicines in line with legislation.

We reviewed six 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 (DBS).

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. Risk assessments specific to the day to day operation of the practice were completed these included for example, managing sharps and the risks related to the looped cords on the blinds at the practice. Other risk assessments in place to monitor safety of the premises included gas and electric tests, control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). 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.

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 and staff with appropriate skills 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. There were security cameras at the practice and notices were posted so that patients were aware. Alarms at the practice were linked to the local police station for rapid response.

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 and copies of the plan were kept off site. Staff had access to protocols on how to manage emergencies for example, if a patient became unconscious or in the event that a patient experienced an anaphylactic shock (an allergic reaction to an antigen to which the body has become hypersensitive).

All staff received annual basic life support training. Emergency medicines were available at the practice, easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely. However the practice did not have all the suggested emergency medicines such as atropine although staff at the practice fitted coils and carried out minor surgery procedures. This was discussed with the GPs who made the decision to obtain the medicines and ensure that they were available at both sites. We received evidence that this had been completed and the medicines received the next day, following the inspection. We noted that the emergency equipment at the branch practice was not suitably stored to ensure rapid access should an emergency occur. We received evidence to confirm that this had been addressed. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The lead GP could clearly outline the rationale for their approach to treatment. Examples of NICE treatment guidance referred to included hypertension, asthma and coronary heart disease. The practice used electronic care plan templates to plan and monitor the care of patients with long term conditions such as diabetes and asthma. They were familiar with current best practice guidance. 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 participated in the Quality and Outcomes Framework system (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 reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 97% of the total number points available for 2014-2015 this was higher than the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 8.3% was higher than the CCG average of 7.5% and lower than national average of 9.2%. Clinical 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. Further practice QOF data from 2014-2015 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was higher than the local and national average (90% compared to the local

average of 87% and England average of 88%). The practice exception reporting rate of 7.7% showed that it was higher than the local average of 4.8% and the England average of 7.6%.

- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 97%. This was higher than the local CCG average of 91% and England average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 6.8% showed that it was the same as the local average and lower than the national average of 11.1%.
- Performance for mental health related indicators was higher than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 95% compared to the local CCG and England average of 88%. The practice clinical exception rate of 22.8% for this clinical area was higher than the local CCG average of 8.7% and England average of 12.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was higher than the national average (87% compared to the local CCG average of 82% and England average of 84%). The practice clinical exception rate of 9% for this clinical area was higher than the local CCG average of 7.7% and the England average of 8.3%.

The practice had performed well overall when compared to the local CCG and England averages. The practice was aware of one area where the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) was lower (0.43) when compared to other practices in the local CCG of 0.62 and England average of 0.71. Prevalence is the proportion of practice patient population likely to have a condition. The practice looked at the prevalence of long term conditions to ensure they would be appropriately monitored. The practice was aware that the clinical exception reporting rates in other related clinical areas were high. For example, the overall exception reporting rates for the peripheral arterial disease clinical domain was

Are services effective?

(for example, treatment is effective)

14.8%. This was higher than the local CCG average of 4.8% and the England average of 5.8%. To manage this and keep the exception reporting rates down the practice had an effective call and recall system in place to ensure that patients who failed to attend appointments were followed up. The practice was also aware of the high clinical exception reporting rates in clinical areas related to mental health. We saw that clinical audits had been carried out and review of patients who missed appointments. We saw that the CCG benchmarked the practice against other practices in the locality. The GPs attended peer review meetings with two other local GP practices. A copy of the minutes showed that clinical issues, treatments and performance were discussed at these meetings.

Clinical audits were carried out to facilitate quality improvement. We saw that 12 clinical and non-clinical audits had been carried out over the last 12 months. We saw that the practice had completed three full cycle audits; these were related to medicines, the appointment system and the out of hours management of clinical problems. All three audits showed improvement in the management of patients care. One of the audits looked at whether patients prescribed specific medicines to help improve their mental health had baseline and ongoing annual specific monitoring tests carried out such as blood tests and waist measurement. The audit identified 62 patients that had been prescribed these medicines. The results of the first audit cycle showed that some patients had not had all of the initial and ongoing tests carried out. For example, 30 patients had not had up to date blood tests completed. Arrangements were put in place for patients to be contacted and given appointments for the tests to be completed. The practice planned to repeat the audit in six months.

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. Staff received a handbook which contained information such as policies and procedures related to working practices. All staff received training that included equality and diversity, chaperoning, safeguarding, mental capacity, fire safety, health and safety and basic life support.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of their individual development needs. All staff had had an

appraisal within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice could demonstrate how they ensured role-specific training and updating for relevant staff was completed. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had access to and made use of e-learning modules, in-house and external training opportunities. The GPs and practice nurse had all completed clinical specific training updates to support annual appraisals and revalidation. The practice nurse attended local peer group meetings with other practice nurses to keep up-to-date with new practices.

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 its intranet system. This included care and risk assessments, care plans, medical records, clinical investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care such as hospital or to the out of hours (OOH) service. A computerised system was in place to share and communicate information to the OOH service. Records showed that the correspondence received from the local hospital and the out of hours service were actioned within 24 hours. We also saw that test results received electronically were actioned on the day of receipt and urgent referrals were tracked to ensure they were acted on in a timely way.

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 patients moved between services, including when they were referred, or after they were discharged from hospital. Formal multidisciplinary case review meetings where all the patients on the palliative care register were discussed were held every three months. Patients were referred for specialist care when needed, patients wishes on their place of death where observed and decisions related to resuscitation should their health deteriorate was documented. The practice worked closely with other professionals who also carried out clinics at the practice.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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 process for seeking consent was monitored through the auditing of records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These 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 and smoking. Patients had access to appropriate health assessments and checks. Patients were signposted to relevant health promotion services for example, smoking cessation clinics, dietary advice and health trainers. We saw that the practice provided patients with fresh fruit and bottled water on a daily basis to promote healthy eating and wellbeing. Patients' comments were positive about this initiative. Health promotion information with details of support services was also available and accessible to patients in the waiting area and on the practice website.

The practice offered travel vaccines, childhood immunisations and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for childhood immunisations was lower than the local CCG average for patients aged five years of age. Data for the other two age groups was similar to the local CCG average. For example, the practice childhood immunisation rates for children:

- under two years of age ranged from 80% to 92%, (CCG average 74% to 96%),
- aged two to five 81% to 94%, (CCG average 84% to 96%)
- aged five year olds from 62% to 92%, (CCG average 77% to 95%)

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 74% which was lower than the local CCG average of 78% and the England average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of females aged 25-64; attending cervical screening within target period (3.5 or 5.5 year coverage) was lower than the England average (67% compared to the average across England of 74%). Data for other cancer screening indicators such as bowel cancer was lower or similar to the local CCG.

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. The area around the reception desk was kept clear to promote confidentiality. Patients were encouraged to queue away from the desk and not stand directly behind a patient speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

The Care Quality Commission comment (CQC) cards we received were positive about the service patients experienced. Comment cards highlighted that staff treated patients with respect and responded compassionately when they needed help. Patients we spoke with said they received excellent care and they were happy with the service provided by the practice. These responses aligned with comments in the comment cards.

Results from the national GP patient survey results published in July 2016 showed that the patient responses to their satisfaction with consultations with GPs were below average. The responses for nurses were similar to or above average for nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 93% and the national average of 95%
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 81% and the national average of 85%.

- 92% of patients said the nurse was good at listening to them compared to the local CCG average of 91% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the local CCG average of 96% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 88% national average of 91%).

The patient responses for satisfaction with the receptionists at the practice were lower than the local and national averages. The results showed:

- 72% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2016 showed that patient satisfaction was below average when compared to the local CCG and national averages for how GPs involved them in planning and making decisions about their care and treatment. The results for nurses were similar to the local and national averages. For example:

- 76% of the patients who responded said the last GP they saw was good at explaining tests and treatments which was lower than the local CCG average of 83% and lower than the national average of 86%.
- 67% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 89% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%)
- 83% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Are services caring?

The practice was aware of the areas in which they were performing lower than the local and England averages and followed up these results when carrying out patient surveys at the practice. For example the practice had provided additional support to frontline staff.

The practice provided facilities to help patients be involved in decisions about their care. The practice had an increasing number of patients whose first language was not English and had identified approximately 18 different languages. Staff told us that translation services were available for patients. We saw notices in the reception areas informing patients this service was available. Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and a carer's pack were available for carers in the patient waiting area which told patients how to access a number of support groups and organisations. There were 73 carers on the practice carers register, which represented 1% of the practice population. The practice's computer system alerted the GPs if a patient

was also a carer. Patients who were identified as carers were offered a flu vaccination and health checks. Written information was available to direct carers to the various local community support services available to them. The practice held a charity event in aid of patients and their carers. There was a designated member of staff whose additional role was to maintain the carers register and provide appropriate support to carers. An area in the practice waiting area displayed information for carers and the practice website provided information which could be translated in different languages.

The practice had a bereavement policy in place. This detailed the action to be taken when a patient registered with the practice died. Staff told us that if families had suffered bereavement, a sympathy card was sent to the family and the GP contacted them. Staff said that patients were offered a consultation at a flexible time and location, which could be a visit to the family home if appropriate. Leaflets and other written information on bereavement were available for patients in the waiting area and on the practice website. Families and carers were signposted to support services such as bereavement counselling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- The practice maintained a register of 69 patients who experienced poor mental health and offered patients continuity of care and appointments with a counsellor.
- The practice maintained a register of 28 patients diagnosed with dementia. Practice staff were trained in Dementia awareness and were 'Dementia Friends'. Letters were sent to patients considered at risk of dementia inviting them to attend for an assessment. The practice held a Christmas party titled 'Forever Young' for older patients with the support of local charities
- The practice had identified 225 patients on its hospital admission avoidance register and had completed care plans to appropriately monitor and manage their care.
- The practice had an increasing number of patients whose first language was not English. Eighteen different languages had been identified. Practice staff (both clinical and non-clinical) spoke a variety of languages and there was access to telephone, online and face-to-face interpreting service. The practice had also ensured that its website was totally multi-lingual to meet the language needs of its diverse population.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice offered early morning extended appointments once a week for working patients who could not attend during the normal opening hours. The practice also offered online access to making appointments and ordering repeat prescriptions.
- Telephone consultations were available every day after morning and evening clinics.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Facilities for patients with mobility difficulties included level access through automatic doors to the practice, adapted toilets for patients with a physical disability. The practice was easily accessible to patients who used wheelchairs and families with pushchairs or prams.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Wednesday, Friday and 7am to 1pm on Thursday. Appointments were available from 9am to 12 pm and 3.30pm to 5.30pm on Monday, Tuesday, Wednesday and Friday and 6.30am (by arrangement) to 12pm on Thursday. This practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients are directed to the out of hours service by Vocare via the NHS service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment varied. For example:

- The responses from patients when asked if they were satisfied with the opening hours were lower (63%) than the local CCG average of 77% and national average of 76%.
- The practice scored higher (83%) than the CCG average of 70% and national average of 73% when patients were asked how easy it was to get through to the practice by phone.

The practice was aware through the outcome of surveys of the comments related to the length of time patients waited to get an appointment and the time spent waiting to be seen at an appointment. The practice discussed these issues at practice meetings and with the patient participation group (PPG). Access to the practice and the appointment system was continuously reviewed by the practice to make improvements and improve patients' experience. For example, the practice had reduced the length of appointment times for certain appointments seen by the practice nurses and implemented three extra GP clinics which had generated 36 additional appointments.

Listening and learning from concerns and complaints

Are services responsive to people's needs? (for example, to feedback?)

The practice had a 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. The practice manager and one of the GPs were both responsible managing complaints at the practice. We saw that information was available to help patients understand the complaints system including leaflets available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Records we examined showed that the practice responded formally to both verbal and written complaints. We saw records for eight complaints received over the past 12 months and found that all had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. The records identified that lessons were learnt from individual concerns and complaints and action was taken to as a result 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 mission and values statement which was displayed in the reception area for patients. The vision for the practice was shared and discussed at the patient participation group (PPG) meetings. The practice vision included in the practice statement of purpose which stated the practice plans to deliver high quality services to its patients. Staff and patients felt that they were informed and encouraged to be involved in the future plans for the practice. The practice was aware of the plans in place to improve the local area which would impact on the practice. For example the practice was in the process of merging with a local practice which would increase the size of the practice population. In preparation for this the practice had plans to extend the building. The practice had invested financially over the past five years to improve the premises and facilities available to patients at both sites.

Governance arrangements

The practice had a governance framework which supported the operation of the practice and promoted good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities. All staff were supported to address their professional development needs.
- We found that the management and leadership team had an understanding of the performance of the practice.
- The practice held formal monthly meetings at which governance issues were discussed. There was a structured agenda and an action plan.
- The GP partners and nurses had designated clinical lead roles. Both clinical and non-clinical staff also held additional responsibilities which supported the day to day and effective operation of the practice.
- Practice specific policies and procedures were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks and implementing mitigating actions were in place.

Leadership and culture

On the day of inspection the partners at 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 training for all staff on communicating with patients. 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 that affected people received reasonable support, relevant information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by the management team. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Regular practice, clinical and team meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. We saw that minutes of meetings were maintained to evidence this.

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. Formal meetings were held at least every three months with the PPG and minutes were available to confirm this. To monitor and review the outcome of the GP national patient survey the practice carried out its own survey. The results of this showed some improvements when the results were compared. The practice had addressed concerns raised by the PPG about appointments. For example, the practice had reviewed the appointments systems, which resulted in the introduction

Are services well-led?

Good 

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

of extra appointments times. The practice had varied methods in place to gather feedback from patients who used the service which included comments and suggestion boxes. The practice displayed a notice in the waiting area to tell patients about the action they had taken to address the feedback received. We saw a poster titled 'You said, We did' which listed details of the action taken the practice had taken.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. The practice staff worked effectively as a team and their feedback was valued. Some staff had additional roles and they were rewarded for their performance. Staff told us they felt involved and actively encouraged by the management team to improve how the practice was run. Examples of changes made at the practice as a result of suggestions made by staff included the purchase of a wheelchair to support patients and the fitting of baby changing facilities.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and

had used the outcome of these to ensure that appropriate improvements had been made. The practice was a training practice for GP trainees. To support the improvements made at the practice the number of staff and hours worked by staff had been increased. The practice had started using online social networking sites to help improve its communication with patients.

The practice was involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. The practice was in the process of merging with a local practice. The GPs could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients. The practice took part in a number of university linked research projects and had achieved 'Research Ready' accreditation issued by the Royal College of General Practice (RCGP). RCGP Research Ready is an online quality assurance framework, designed for use by any general practice in the UK actively or potentially engaged in research, on any scale. The accreditation enabled the practice to demonstrate their legal, ethical, professional, governance and patient safety responsibilities at all stages of the research process. The practice was involved in current research related to back pain and disability.