

Dr Nicola Whitehouse

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nicola Whitehouse on 22 August 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.
- Risks to patients were assessed with the exception of some areas related to the safe management of medicines, staff recruitment and fire prevention.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was positive.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet people's needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback received from patients.
- The practice had facilities which were well equipped to treat patients and meet their needs.
- The practice had a clear vision, which had quality and safety as its top priority.
- There was a clear leadership structure and staff felt supported by the management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider must make improvements are:

- Ensure systems are put in place for the proper and safe management of medicines.
- Complete employment checks as required by legislation for all staff employed.

The areas where the provider should:

- Continue taking proactive measures to improve the uptake of childhood immunisations.
- Continue with plans to complete a comprehensive care plan for patients with a learning disability.
- Introduce a formal system for monitoring the use of blank prescriptions.

- Ensure that the systems introduced to monitor fridge temperatures are regularly monitored.
- Introduce a formal system for monitoring shared care agreements so that the practice is aware of the results of tests carried out before giving patients' a repeat prescription.
- Introduce systems to monitor children who fail to attend hospital appointments.
- Continue taking proactive measures to improve the uptake of cervical screening.
- Fire drills must be completed in line with Fire Safety Regulations in healthcare settings.

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?

- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice, however we found that there was no annual review of events for trend analysis.
- When things went wrong patients received reasonable support, 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. However, the practice could not confirm that all risks to patients were assessed:
 - Recruitment checks were not completed for all staff.
 - There was an absence of appropriate systems for the safe management of high risk medicines.
 - The vaccine fridge temperatures had the potential to reach above the optimum range to ensure the effectiveness of the medicines stored. The practice acted on this during the inspection and subsequently provided evidence that further safety measures had been put in place.
 - Fire evacuation drills had not been completed in line with Fire Safety Regulations in healthcare settings. Immediately after the inspection, the practice provided evidence that a fire risk assessment had been completed and that this identified that fire drills needed to be carried out.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the overall achievement of 96% of the available points was above average compared to the locality average of 92% and the national average of 95%. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



Summary of findings

- 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. For example, when patients when patients required referral for urgent tests.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published in July 2016 showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice carers register was 3.2% of the practice population which was higher than the expected percentage of one percent.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and contained details on how patients should escalate their concerns if they were not happy with the response. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included for example, the absence of appropriate arrangements for the safe management of high risk medicines.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on.

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. Home visits and flexible appointments were available for older patients.
- Patients aged 75 years plus were offered annual health checks and were included on the practice hospital admission avoidance register.
- The practice maintained a register of housebound older patients and older patients who required a home visit.
- Older patients were offered urgent appointments for those with enhanced needs plus longer appointments 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 GP and nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GP and nurse 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 higher overall compared to the local and national averages. For example the practice performance for diabetes related clinical indicators overall was higher than the local Clinical Commissioning Group and England average (99% compared to the local average of 82% and England average of 89%).
- Longer appointments and home visits were available when needed.

Families, children and young people

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

Good



- The practice uptake for the immunisation of children overall was below the local and national averages. The practice had a proactive process in place to manage this.

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.
- The practice referred vulnerable children and young adults to a young person information and advice centre. The services offered included counselling, support for children that were at risk of self-harm and substance misuse.
- 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 67% which was lower than the local CCG average of 78% and the England average of 82%. The practice had a proactive process in place to manage this.
- Protected daily appointments were available for children of all ages and children aged under the age of one were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

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 on telephone consultations to support patients of working age.
- Extended hours appointments were available one evening per week between the hours of 6.30pm and 7.45pm. The practice was also trialling lunchtime appointments one day per week.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- 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, however care plans had not been completed. The practice had started working with the community learning disability team to address this.
- The practice introduced telephone texts for patients with hearing impairment to remind them about their appointment and to send test results.

Good



Summary of findings

- 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 supported patients who were identified as being homeless and provided both health and social professional support.
- 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
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling clinic sessions were held at the practice with an experienced mental health counsellor based in the community.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 90%, which was higher than the 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 325 surveys (14.1% of patient list) were sent out and 102 (31%) responses, which is equivalent to 4.4% of the patient list, were returned. Results indicated the practice performance was higher than other practices in some aspects of care. For example:

- 93% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 84% 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%).
- 91% 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%).
- 77% 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%).

- 95% 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 35 comment cards, 33 of these were positive about the standard of care. Patients said that the service was excellent and that staff were professional, attentive to patients' needs, friendly, caring, helpful, polite and understanding. Comments in the two remaining cards included concerns about access to appointments. We spoke with four patients all of whom were satisfied with the care provided by the practice. The patients told us that they received good treatment were listened to and treated with respect.

The practice monitored the results of the friends and family test monthly. The results for the period January to August 2016 showed that 121 responses had been completed and of these, 94 (78%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment, 27 (22%) patients were likely to recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems are put in place for the proper and safe management of medicines.
- Complete employment checks as required by legislation for all staff employed.

Action the service **SHOULD** take to improve

- Continue taking proactive measures to improve the uptake of childhood immunisations.
- Continue with plans to complete a comprehensive care plan for patients with a learning disability.
- Introduce a formal system for monitoring the use of blank prescriptions.

- Ensure that the systems introduced to monitor fridge temperatures are regularly monitored.
- Introduce a formal system for monitoring shared care agreements so that the practice is aware of the results of tests carried out before giving patients' a repeat prescription.
- Introduce systems to monitor children who fail to attend hospital appointments.
- Continue taking proactive measures to improve the uptake of cervical screening.
- Fire drills must be completed in line with Fire Safety Regulations in healthcare settings.

Dr Nicola Whitehouse

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, a practice manager specialist advisor and an expert by experience.

Background to Dr Nicola Whitehouse

Dr Nicola Whitehouse is registered with the Care Quality Commission (CQC) as an individual GP practice. The practice is located in Wolverhampton and has good transport links for patients travelling by public transport. Parking is available at the rear of the practice. The practice is a single storey building and although the corridors are narrow the practice is accessible to patients with mobility difficulties and patients who use a wheelchair.

The practice team consists of one female GP who works full time, nine to ten sessions per week. The GP is currently supported by a practice nurse. Clinical staff are supported by a practice manager and four administration / receptionist staff. In total there are eight staff employed either full or part time hours to meet the needs of patients. The practice also uses the same GP locums at times of absence to support the clinicians and meet the needs of patients at the practice.

The practice is open Monday from 8.30am to 7.45pm, Tuesday, Wednesday and Friday, 8am to 6.30pm and Thursday 8am to 2.30pm. Appointment times for patients vary for the GP and practice nurse and include both morning and afternoon clinic sessions. Appointments with the GP are available Monday to Friday 9.30am to 12.30pm,

Tuesday 4pm to 5pm, Wednesday 1pm to 3pm and Friday 3pm to 5pm. Appointment with the practice nurse are Monday 2.45pm to 7.45pm and Tuesday and Wednesday 9am to 2pm. The 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 Wolverhampton Doctors on Call Limited when the practice is closed on Thursday afternoon. At all other times when the practice is closed, patients are directed to the out of hours service Vocare via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 2,311 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the care of patients with a learning disability. 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 is 25%, which is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (27% 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 planned to check whether the provider is meeting the legal

Detailed findings

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 22 August 2016.

During our visit we:

- Spoke with a range of staff including the GP, a practice nurse, practice manager, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents. The practice manager followed a template format to record all significant events. The format 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. The practice manager and GP received medicine and safety alerts. There was evidence that appropriate systems were in place to demonstrate they were acted on.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The records identified an action plan and learning outcomes which were shared with staff and other stakeholders where appropriate. The practice had recorded three significant events that had occurred over the past 12 months. One of the events showed that inaccurate information had been received by the practice following the discharge of patients from hospital. The concerns were escalated and investigated through the local CCG governance quality procedures. Records showed that the incident was investigated by the hospital and practice. Procedures for identifying patients at discharge were reviewed by the hospital. The practice reviewed its procedures for checking the accuracy of patient details on transfer from hospital. We saw evidence that lessons were shared and appropriate action was taken to maintain the safety of patients.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements 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. The GP was the lead for safeguarding, they attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to child safeguarding level 3. The practice maintained a list of children who were included on the child protection register. Suspected safeguarding concerns were shared with health visitors and midwives linked to the practice and other relevant professionals. The number of children who did not attend appointments was also maintained but these patients were not routinely reviewed and monitored.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included gloves and aprons. 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. Appropriate clinical waste disposal contracts were in place. The GP and the practice nurse were the clinical leads for infection control. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The management of most medicines at the practice kept patients safe. The practice carried out regular medicines audits, with the support of the local pharmacist advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however; a formal system to monitor their use was not in place.
- We found different vaccines that had passed their expiry dates. These were Hepatitis B, expired May 2015 and

Are services safe?

Shingles, expired July 2016. Records showed that these had not been administered to patients after these dates. The practice took appropriate action to address this at the time of the inspection and the incident was reported as a significant event.

- The practice had a system in place to monitor and manage all uncollected prescriptions. The receptionists were aware of the uncollected prescriptions that had to be referred to the GP before they were destroyed. For example all prescriptions for controlled medicines were referred to the prescribing GP and systems were in place to confirm this practice. We found that the practice did not have effective systems in place for the prescribing and monitoring of high risk medicines. There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored. We saw that the results of blood tests carried out at the hospital were not routinely obtained before giving patients' a repeat prescription. These issues were discussed with the practice management team who told us that the current practice would be reviewed.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The practice did not have effective systems for ensuring that medicines were stored in line with manufacturers' guidance and legislative requirements. This included the lack of appropriate daily checks to ensure medicines were kept within a temperature range that ensured they were effective for use. We found that the fridges were not locked. Following the inspection the practice manager provided evidence to demonstrate that the records to monitor the daily temperature of the fridge had been reviewed. The practice had purchased a thermometer that would provide data on the continuous temperature of the fridge. Photographic evidence we received from the practice showed that keys had been purchased to ensure that the fridges could be locked.
- We reviewed five personnel files and found that there was evidence that qualification and had been completed for the practice nurse and GP. The practice had also ensured that appropriate checks had been completed. However not all recruitment checks had been undertaken prior to employment. For example, none of the files contained a CV or evidence of employment history and two of the five files did not contain references. The practice used GP locums to

support the clinicians and meet the needs of patients at the practice. The same GP locums were used, which supported continuity of care for patients. The practice provided evidence of the required checks such as DBS checks and qualifications to confirm that locum staff were suitable to work with patients at the practice.

Monitoring risks to patients

The practice had some systems in place to assess and manage risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified the health and safety representative. There was evidence that most of the electrical equipment except for the computer equipment had been checked to ensure the equipment was safe. Clinical equipment had been checked to ensure it was working properly and records showed that equipment that had been assessed as unsafe to use had been replaced. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had not had a fire risk assessment completed. We noted that the exit door to be used in the event of a fire opened inwards and not outwards which would be the direction of escape. Fire evacuation drills were not carried out and the fire alarms and emergency lighting had not been tested. The practice had a fire risk assessment carried out following the inspection. The outcome of the assessment identified recommendations aligned to our findings that the practice should address.

Arrangements were in place for planning and monitoring the number and skill 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. The practice used locum GPs to help meet the needs of patients at times of GP absence such as annual leave.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, which included:

- An instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- 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.
- All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult masks. At the time of inspection oxygen masks suitable for children were not available this was addressed immediately and we received evidence to confirm this. A first aid kit and accident book were available.
- The practice had limited emergency medicines available, for example no antibiotics that could be used in the event of suspected meningitis. The practice sent us evidence to confirm that additional medicines for use in an emergency had been ordered. The practice had made the decision not to stock injectable pain relieving medicines due to the risks presented in the area. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

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 GP could clearly outline the rationale for their approach to treatment. The practice had started using electronic care plan templates based on NICE 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 96% of the total number points available for 2014-2015 which was higher than the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 4.9% was lower than the CCG average of 7.5% and 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 practice performance in all of the five diabetes related indicators were higher than the local CCG and England averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test was recorded in the preceding 12 months was 84% compared with the CCG average of 72% and England average of 77%). The practice exception reporting rate of 9.7% was higher than the local average of 8.9% and lower than the England average of 11.7%.
- Performance for the percentage of patients with 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 95%. This was higher than the local CCG average of 91% and England average of 90%. COPD is the a collection of lung diseases. The practice exception reporting rate of 12.5% was higher than the local average of 6.8% and 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 the record, in the preceding 12 months was 95% compared to the local CCG average and England average of 88%. The practice clinical exception rate was 0% for this clinical area which was significantly lower than the local CCG average of 8.7% and the 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 local CCG average and England averages (90% compared with the CCG average of 82% and England average of 84%). The practice clinical exception rate of 0% for this clinical area was significantly lower than the local CCG average of 7.7% and the England average of 8.3%.

The practice had performed above average overall when compared to the local CCG and England averages. There were clinical areas that showed a very large variation when compared to the local and England averages. For example The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD), was significantly lower than the local and national average (0.33, compared to the local CCG average of 0.62 and England average of 0.71). The practice monitored the prevalence for each long term condition and reviewed its register size when this was below the expected local CCG average (prevalence is the proportion of the practice patient population to have a condition). We saw that the CCG benchmarked the practice against other practices in the locality. The GP attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed.

Clinical audits were carried out to facilitate quality improvement. We saw that five clinical audits had been carried out over the last 12 months. One of the audits

Are services effective?

(for example, treatment is effective)

looked at whether patients prescribed specific medicines that could have an adverse effect on their kidney function had blood tests completed every 12 months. The first audit identified 34 eligible patients. All the patients had had blood tests completed in the preceding 12 months. Three of the patients required a further review. Arrangements were put in place for these patients to be contacted. A second audit carried out six months later showed similar results to the first audit. The practice determined that regular six monthly ongoing searches would have to be completed.

Effective staffing

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The practice had an induction programme for all newly appointed staff, which covered such topics as safeguarding, fire safety, health and safety and confidentiality. 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. The GPs and practice nurses had all completed clinical specific training updates and competency assessments to support annual appraisals and revalidation. The practice nurse had received specific training, which had included an assessment of competence for administering vaccinations and carrying out cervical screening. The nurse could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussions at local practice nurse peer review meetings.

There were sufficient staff to meet the needs of patients within the practice. The practice used locum GPs and nurses to provide cover for holiday leave and other planned absences.

Working with colleagues and other services

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 and investigation and test results. The practice had fully computerised links for pathology and patient discharge summaries.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw that referrals for care

outside the practice were appropriately prioritised. For example, the two-week wait and urgent referrals were sent the same day. The practice provided GP services and support to a local care home. One of the managers at the care home told us the practice was always professional and visited patients when requested.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment. The practice identified patients approaching the end of their life and we saw evidence that formal multidisciplinary meetings were held and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs. The practice held a frail and vulnerable register of patients and these were also discussed at multi-disciplinary meetings with other health and social care professionals. The frailest 2% of practice patients had an admission avoidance care plan in place, which included patients with long-term conditions. The practice had systems in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. There was no evidence to confirm that staff had had access to training on consent and MCA 2005. However, staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 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.

Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice maintained a register of nine patients with learning disability but had not completed care plans and a comprehensive health review for these patients. The community learning disabilities nurse confirmed that the practice had signed up to a CCG initiative to ensure that all patients diagnosed with a learning disability have a planned comprehensive health review completed with the support of a member of the community learning disabilities team.

The uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 67% which was lower than the local CCG average of 78% and the England average of 82%. The practice was aware of this low uptake and was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that patient response for other cancer screening examinations was higher or comparable to local CCG and England averages. For example the number of female patients screened for breast cancer in

the last 36 months was 75% which was higher than the local CCG average of 68% and England average 72%. The data for other breast and bowel cancer screening showed that the number of patients screened was comparable to the local and England averages.

Travel vaccinations and foreign travel advice was offered to patients. Childhood immunisations and influenza vaccinations were available in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for childhood immunisations was lower when compared to the local CCG averages for example, immunisation rates for children:

- under two years of age ranged from 57% to 93%, (CCG average 74% to 96%),
- children aged two to five 75% to 94%, (CCG average 84% to 96%)
- children aged five year olds from 60% to 72%, (CCG average 77% to 95%)

The practice was proactive in following up children who required immunisation. Parents were contacted before the appointment to ensure they were able to attend and a further appointment given. If there were three missed appointments, the practice worked closely with the health visitors and local centre for children to follow up these children.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed. We saw staff lowered their voice and took patients to an area or a room to discuss their needs privately.

Comments in 33 of the 35 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients at the inspection. They all told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said that they were made to feel comfortable by a caring team of staff. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Although patients responses showed that they had a high level of confidence and trust in the GP, the overall satisfaction scores on consultations with the GP were lower than the local and national averages. The satisfaction scores for the nurse however were mostly higher than the local and national averages. For example:

- 82% 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%.
- 76% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 87%.
- 98% 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%

- 69% 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%.
- 93% 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%.
- 95% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 99% 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%.
- 84% 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 higher than the local and national averages. The results showed that:

95% 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

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

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

- 77% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 70% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

Are services caring?

- 87% 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%)
- 82% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

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

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Information leaflets and notices were available in easy read format and also in different languages.

Patient and carer support to cope emotionally with care and treatment

The practice had 74 patients over the age of 18 years on its practice carers register. This represented 3.2% of the practice population. There were notices and leaflets displayed in the waiting room and a carers' pack that provided patients with appropriate information. The information available informed patients about the support and services provided both at the practice and in the local community. The practice offered carers longer appointments, health checks and the flu vaccination.

Patients told us that they felt supported at difficult times and felt positive about the care and support they received to cope with their bereavement. Staff told us that if families had suffered bereavement, they were contacted by their usual GP and provided with support when appropriate. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of bereavement and counselling support groups and organisations. Information about support groups was also available on the practice website.

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:

- A total of 43% of the patients on the practice register were of working age. To support this group of patients a flexible appointment system was available. Patients could book appointments online, telephone consultations and the practice planned to introduce early morning appointments. The practice offered extended clinic appointments with the practice nurse on a Monday. Patients could also order prescriptions online.
- The practice had a transient and diverse population and was aware of vulnerable patients who were homeless, living in hostels, patients who misused substances and asylum seekers. The practice supported patients to register with them whether permanently or as temporary patients'. The practice sign posted patients to appropriate support organisations and alerts added to the medical records of all identified vulnerable patients'.
- The practice had a register of nine patients with a learning disability. Comprehensive care plans were not in place for these patients. The practice had agreed to joint working with the community learning disability team to carry comprehensive health reviews and implement care plans for this group of patients.
- The practice referred vulnerable children and young adults to a young person information and advice centre. The centre provided services primarily to 11 to 25 year olds with some targeted work with children under the age of 11 years. The services offered included counselling, support for children that were at risk of self harm, substance misuse and sexual exploitation and a young dad's support programme. However the practice was unable to demonstrate how many children/young patients had been referred to the centre.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Urgent access appointments were available for children and those with serious medical conditions. Same day appointments were available to patients at the end of clinics if needed.
- There were longer appointments available for older patients and those patients who would benefit from these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities and the practice was accessible to patients who used wheelchairs.

Access to the service

The practice was open Monday from 8.30am to 7.45pm, Tuesday, Wednesday and Friday, 8am to 6.30pm and Thursday 8am to 2.30pm. Appointments times for patients varied for the GP and practice nurse and included both morning and afternoon clinic sessions. Appointments with the GP were available Monday to Friday 9.30am to 12.30pm, Tuesday 4pm to 5pm, Wednesday 1pm to 3pm and Friday 3pm to 5pm. Appointments with the practice nurse were Monday 2.45pm to 7.45pm and Tuesday and Wednesday 9am to 2pm. The 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 were directed to Wolverhampton Doctors on Call Limited when the practice was closed on Thursday afternoon. At all other times when the practice was closed, patients were directed to the out of hours service Vocare via the NHS 111 service. This information was available on the practice answerphone, practice leaflet and website.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than the local and national averages.

- 84% of patients who responded were satisfied with the practice's opening hours compared to the local average of 79% and England average of 78%.
- 93% of patients who responded said they could get through easily to the surgery by phone (local average 70%, England average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice had a risk assessment tool in place to support and make clinical and non-clinical staff aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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 was 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. This information was also available in different languages to meet the needs of patients registered at the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint. The practice complaint leaflet contained details on how a patient should escalate their complaint if they were unhappy with the response they received.

Records we examined showed that the practice recorded and responded to verbal complaints at the time they were received. Staff told us that they had not received any formal written complaints. We saw records for two verbal complaints received over the past year and found that both 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 clear vision to deliver high quality, safe and effective care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy which reflected its vision and values.

Governance arrangements

Governance within the practice was mixed. We saw examples of risks that had been well managed:

- 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.
- The practice held regular meetings at which governance issues were discussed. A structured agenda was not identified however, the minutes of the meetings contained details of the action plan.
- The GP, practice nurse had designated clinical lead roles.
- 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.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included for example, the absence of appropriate arrangements for the safe management of high risk medicines and recruitment checks which were not completed for all staff.

Leadership and culture

There was a clear leadership structure in place and staff felt supported by management. The practice staff told us they prioritised safe, high quality and compassionate care. Staff

told us the practice held regular meetings, there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately.

The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP and practice manager 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.

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 did not have a Patient Participation Group (PPG) but had other methods in place to gather feedback from patients who used the service which included comments and suggestion boxes. The practice carried out surveys with an external company. The company benchmarked the results with those achieved by other local practices. The practice also monitored the results of the GP patient survey and took action to make improvements where appropriate. For example, The practice introduced a text messaging service for a patient with impaired hearing. This enabled them to make appointments, request prescriptions and enquire about test results without going through the telephone liaison service. The practice was also trialling lunchtime appointments one day per week.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us

Are services well-led?

Good 

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

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.

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 involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. 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.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Appropriate arrangements were not in place for the proper and safe management of:<ul style="list-style-type: none">▪ Blank prescription forms and pads.▪ Medicines that had passed their expired date for use.▪ High risk medicines.▪ Medicines stored in fridges to ensure they were effective for use.• The provider had not ensured that they consistently made all appropriate checks on persons employed for the purposes of carrying on a regulated activity before they were employed.