

Three Villages Medical Practice

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 Three Villages Medical Practice on 18 January 2017. 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. All opportunities for learning from incidents were maximised.
- Although the practice had implemented processes and practices to minimise risks to patient safety, we saw areas where alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were not consistently actioned in line with practice processes.
- Although the practice used clinical audits to drive improvements to patient's outcomes, quality performance data showed patient outcomes were low

in some clinical areas compared to the local and national average. However, these results were based on partial data as the practice opted into a local framework from October 2015 and were actively monitoring the use of this framework.

- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example, the practice was keen on being a part of the Multi-speciality Community Provider (MCP) to improve services internally and locally once the networks were up and running.
- Most of the results from the national GP patient survey showed patients rated the practice positively.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from national GP patient survey results. The practice carried out surveys in light of changes to monitor patient satisfaction.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Patients we spoke with 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, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- The practice had a clear vision which had quality as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- Although the practice had strong and visible clinical and managerial leadership and governance arrangements; oversight of some governance arrangements were not being monitored effectively. As a result, this led to areas where systems were not being operated effectively and there were differences' in the views of the practice and their patient participation group regarding the effectiveness of the communication pathways.

There were areas of practice where the provider must make improvements:

- Ensure there is an effective, well-governed process to enable compliance with Patient Safety Alerts, recalls and rapid response reports.

There were areas of practice where the provider should make improvements:

- Continue reviewing and monitoring performance, including survey results; implementing systems and processes to improve the quality of services and establish systems to evaluate progress.
- Continue reviewing and monitoring quality performance to improve patient outcomes across areas of the local quality framework such as dementia care and asthma care.
- Continue exploring effective ways of improving working relationships and joint working with the Patient Participation Group.

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?

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although the practice had implemented processes and practices to minimise risks to patient safety, we saw areas where these systems were not fully embedded or followed in accordance with practice processes. For example, the practice was unable to demonstrate a consistent approach with regards to acting on alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) when necessary. As a result we saw that the practice had not taken action in response of a medicine alert. Following the inspection the practice provided evidence of where they had taken appropriate action.
- Infection control audits were carried out and we observed the premises to be clean and tidy. Clinical and non-clinical equipment were checked by professional contractors.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

- There were systems in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. Staff we spoke with were aware of current evidence based guidance.
- Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). This data showed patient outcomes were low across some clinical areas compared to local and national averages. For example, performance for

Good



Summary of findings

mental health related indicators; dementia and patients diagnosed with asthma were below local and national averages. However, other clinical domains such as diabetes care were above local and national averages.

- The practice was now using the Dudley clinical commissioning groups long-term condition framework (LTC). Known as the Dudley Outcomes for Health which replaced QOF for Dudley practices.
- The practice were aware of their LTC framework performance and able to explain actions to improve patient's outcomes. Methods to improve included staff attending educational sessions and proactively working with other local providers to share best practice. Clinical audits demonstrated quality improvement.
- The practice ensured that patients with complex needs were supported to receive coordinated care. For example, end of life care was coordinated with other services involved.
- Staff had the skills and knowledge to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.

Are services caring?

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- For example, the practice responded to areas of the July 2016 national GP patient survey where the practice were performing below local and national averages. This involved arranging an educational event for clinicians to discuss effective management of appointment times and communication skills.
- Patients we spoke with during the inspection 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 accessible.
- There was a clinical lead responsible for identifying carers and keeping the carers list up to date. The practice had a comprehensive carers pack and offered pro and post bereavement support for families.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, clinical leads carried out fortnightly ward rounds of care homes and worked with local addiction services to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- During winter pressure periods the practice offered staggered appointments on a Saturday.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly below local and national averages.
- However, patients we spoke with during the inspection 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. A majority of the CQC comment cards we received also aligned with this feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The management team carried out an improvement programme which staff explained had improved communication and processes within the practice. The practice had policies and procedures to govern activity and held regular governance meetings.
- This included arrangements to monitor and improve quality and identify risk. However, we saw that oversight of some processes were not actioned effectively, this resulted in systems for managing safety alerts not being carried out effectively. Additionally, the practice had not established an effective

Summary of findings

alternative to manage specific areas such as asthma care. Following the inspection the practice provided documentations which showed that arrangements for managing asthma care were in place.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty and proactively sought feedback from staff using 360 degree. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice gained the views of patients via surveys and the patient participation group; we saw examples where feedback had been acted on. However, although the practice demonstrated engagement with the patient participation group there were differences' in the views of the practice and PPG regarding the effectiveness of communication pathways.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas. GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Social support via an Integrated plus referral was available and the practice had a supportive patient participation group which hosted tea parties.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Clinicians carried out fortnightly ward rounds of local care homes and used a quality improvement stop and start tool for patients in receipt of four or more medicines.
- The practice had a named lead who identified at an early stage older people who might need specialist care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, patients were sign posted to Age UK and also telephone support services such as Silver Line (a confidential, free helpline for older people across the UK that's open 24 hours a day, seven days a week offering information, friendship; advice and links to local groups).

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Performance for diabetes related indicators was above the CCG and national averages. For example, 88% of patients diagnosed with diabetes had a blood sugar reading which showed that the condition was being controlled appropriately, compared to CCG and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Patients had access to in-house electrocardiogram ECG (a test that can be used to check the heart's rhythm and electrical activity) and a blood pressure monitoring machine was available within the reception area. Staff explained that they had received positive reviews from patients, as they are no longer having to attend the local hospital.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice were able to demonstrate systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Staff we spoke with were able to describe how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and the national average of 81%.
- The practice provided support for premature babies and their families following discharge from hospital. For example, the practice held regular MDTs with health visitors; clinicians carried

Good



Summary of findings

out six week new born baby examination and postnatal checks which included asking about postnatal depression. Immunisation rates were relatively high for all standard childhood immunisations.

- Appointments were available outside of school hours and the premises were suitable for children and babies. Rooms were available for breast feeding and there were baby changing facilities.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- GPs carried out weekly contraception clinics where a full range of contraceptive services was available. Staff we spoke with were able to demonstrate the use of Gillick competencies (a framework used to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge when prescribing to under age patients).

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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments were available to manage winter pressures.
- The practice was proactive in offering online services, telephone consultations; test results were available online for those with patient access as well as a full range of health promotion and screening that reflects the needs for this age group.
- Non NHS funded medicals such as Heavy Goods Vehicle (HGV) and taxi driver medicals were available within the practice.
- Patients had access to physician associate appointments for acute on the day medical & surgical emergencies.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).

Good



Summary of findings

- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and the practice maintained close links with the local Learning Disability College. Data provided by the practice showed that annual reviews were carried out.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A carers champion was in place to manage the practice carers list. Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 2% of the practice list were carers.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement in safe and effective for the care of people experiencing poor mental health (including people with dementia).

Requires improvement



Summary of findings

- Although the practice carried out advance care planning for patients living with dementia, quality performance was below local and national averages.
- For example, partial QOF results for 2015/16 showed that 20% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 77% and national average of 84%.
- Partial QOF performance for mental health related indicators was lower than the CCG and national averages. For example, 53% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records, in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 69% and national average of 89%.
- Data provided by the practice showed that 56% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records and 67% had a face-to-face review within the last 12 months. Following the inspection the practice explained that a search had been undertaken on the day of the inspection which showed that 100% of patients on the practice mental health register had received a medicine review. Data provided by the practice supported this.
- Members of the management team explained that they considered the physical health needs of patients with poor mental health and dementia. As a result, staff were placed on training, fortnightly dementia clinics were being introduced and the clinical dementia lead was working jointly with community dementia advisors. Patients at risk of dementia were identified and offered an assessment.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs; data provided by the practice showed that 64% received a medicines review in the past 12 months.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and explained that training received further extended their knowledge. The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed variation in how the practice was performing compared to local and national averages in most areas. Two hundred and thirty survey forms were distributed and 122 were returned. This represented 53% completion rate.

- 83% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 55 comment cards from across both sites; 29 completed at Three Villages Medical Practice and 26 completed at the branch site Wollaston Surgery. 44 were positive about the standard of care received. For example, patients felt the practice provided an excellent service; staff were professional, caring and responded to patients needs with compassion and respect. However, 11 patients found it difficult securing appointments.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is an effective, well-governed process to enable compliance with Patient Safety Alerts, recalls and rapid response reports.

Action the service **SHOULD** take to improve

- Continue reviewing and monitoring performance, including survey results; implementing systems and processes to improve the quality of services and establish systems to evaluate progress.

- Continue reviewing and monitoring quality performance to improve patient outcomes across areas of the local quality framework such as dementia care and asthma care.
- Continue exploring effective ways of improving working relationships and joint working with the Patient Participation Group.

Three Villages Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an Inspection manager, a second CQC inspector and a GP specialist adviser.

Background to Three Villages Medical Practice

Three Villages Medical Practice is located in Stourbridge, West Midlands situated on the first floor in a multipurpose modern built NHS building owned building, providing NHS services to the local community. Three Villages Medical Practice is a multi-partnership practice run by three GP partners and is part of Stourbridge Health and Social Care Centre. Three Village Medical Practice has a branch site Wollaston Surgery, Stourbridge. Patients can be seen by staff at both surgery sites and systems and processes are shared across the two sites. As part of the inspection, we only visited Three Villages Medical Practice.

Based on data available from Public Health England, the levels of deprivation in the area served by Three Villages Medical Practice are above the national average, ranked at seven out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged 60 to over 85s and below average for ages five to 24.

The patient list is approximately 9,640 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients; for example, Childhood Vaccination and Immunisation Scheme. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

On-site parking is available, there is designated parking spaces for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staff comprises of three GP partners and six salaried GPs (in total seven female and two male). Two practice nurse, three health care assistants and a physician assistant (a Physician's assistant promotes and maintains health by providing medical services under the supervision of a physician). Service delivery is supported by a practice business manager an assistant practice manager, a IT manager; and a team of 10 part time receptionists. Administration services are undertaken at the Stourbridge Health and Social Care Centre; this includes the handling of telephone calls and appointment lines.

Three Villages Medical Practice is an approved teaching practice for fifth year medical students from Birmingham University.

Detailed findings

The practice is open between 8am and 6.30pm Monday to Friday, except on Wednesdays where the practice is open between 7am and 6.30pm.

GP consulting hours are from 8.30am to 6pm daily except for Wednesdays when consulting hours are from 7am to 6pm. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111.

The branch site Wollaston Surgery is open between 8am and 1pm Mondays to Fridays.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017.

During our visit we:

- Spoke with a range of staff including a GP, a nurse, health care assistants, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an established system for reporting and recording significant events.

- Staff we spoke with 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).
- The practice actively reported incidents. For example, 94 significant events were documented during 2015/16. When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and shared findings with the Clinical Commissioning Group (CCG).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice identified the need for more effective channels of communication within the practice and training for reception staff on dealing with difficult scenarios. As a result, this led to the practice introducing a weekly management meeting to discuss incidents and staff were placed on training to enable them to carry out their role effectively.
- The practice also monitored trends in significant events and evaluated any action taken.
- We reviewed the management of safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated safety alerts to clinicians. Although the practice were able to give examples of where they had acted on medical device alerts; staff we

spoke with were unable to evidence a consistent approach to searches. For example; lead clinicians were unable to provide clarity on who took responsibility for carrying out searches to identify possible risks to patients. As a result we saw that the practice had carried out a search to identify whether patients were using a specific diabetes testing strip. However, the practice had not carried out a search in line with their practice processes to identify patients receiving medicines used to lower cholesterol levels or medicines used to treat high blood pressure. Following the inspection, the practice told us that a MHRA process is being developed by the prescribing lead and patients in receipt of medicines used to lower cholesterol levels and medicines used to treat high blood pressure had been contacted; we were told that appropriate reviews have taken place.

Overview of safety systems and processes

The practice mainly had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding and vulnerable adults meetings and provided reports where necessary for other agencies. The practice had an allocated safeguarding administrator.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses and health care assistants had received child safeguarding level three and safeguarding adults training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. An annual infection control audit was undertaken within the last 12 months and we saw evidence that action was taken to address any improvements identified as a result.

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice aimed at minimising risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice followed a recall system for prescribing and reviews which was based on patient's birth dates.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription stationary was securely stored and there were well-established systems in place to monitor its use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked and calibrated by a professional contractor to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Members of the management team explained that they monitor staff skill mix by reviewing capability on a regular basis and adjust work processes to accommodate changing needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely; there were designated staff members responsible for monitoring stock levels and expiry dates.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

Up until October 2015, the practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 81% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%. These results represented the period of March 2015 to October 2015. Exception reporting for patients diagnosed with dementia was above local and national averages. For example, 24%, compared to CCG average of 14% and national average of 13%. (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). The practice were aware of their exception reporting rates; data provided by the practice showed that no patients had been excluded between January and April 2016.

The practice was now using the Dudley clinical commissioning groups long-term condition framework (known as the Dudley Outcomes for Health) which replaced QOF for Dudley practices that opted in to pilot the local quality framework from October 2015 and from April 2016; this practice began piloting the local framework in October 2015. The practice was actively monitoring use of the framework.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example, 88% of patients diagnosed with diabetes had a blood sugar reading which showed that the condition was being controlled appropriately, compared to CCG and national average of 78%.
- Performance for mental health related indicators was lower than the CCG and national averages. For example, 53% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records, in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 69% and national average of 89%.
- Data provided by the practice showed that 56% of patients diagnosed with a mental health related disorder had a comprehensive, agreed care plan documented in the records, 64% received a medicines review and 67% had a face-to-face review within the last 12 months.
- 20% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG average of 77% and national average of 84%.

Local framework data provided by the clinical commissioning group (CCG) highlighted that as of January 2017:

- The percentage of the practices predicted dementia prevalence which is identified on the practice register was 52%, compared to CCG threshold of 55% to 75%. The percentage of people with dementia diagnosed within the last 3 years referred to the memory assessment service was 73%, compared to CCG threshold of 5% to 95%.
- The percentage of people aged eight or over with a correct diagnosis of asthma recorded in the last 12 months was 38%, compared to CCG threshold of 5% to 95%. Following the inspection the practice provided data which showed that their performance had increased to 62%.

Staff we spoke with were aware of the practice performance and were able to explain actions taken to improve areas of poor performance. For example, we were told that clinical and non-clinical staff attended a dementia educational session. Staff also explained that the practice

Are services effective?

(for example, treatment is effective)

were looking to engage with Multi-speciality Community Provider (MCP) which feeds into a local dementia strategy group with a view of improving dementia services internally and locally. We were told that the practice were without a clinical lead for asthma care, as a result staff highlighted that the practice had not been effectively monitoring asthma care. Although staff we spoke with during the inspection told us that the practice were without an asthma lead for a period of time. Following the inspection the practice advised us that they had an asthma lead in place and provided documentation to support this. Staff explained that they were proactively attempting to contact patients and were attempting to review multiple long-term conditions within one clinic. Clinical leads explained that there were plans in place to offer fortnightly dementia clinics with extended reviews for advanced care planning. The practice were also planning to hold a joint clinic with the practice dementia lead and community dementia advisors to provide improved carer support.

Documentation provided by the practice following the inspection demonstrated systems which the practice had developed to ensure patients diagnosed with a mental health related disorder received a health care review. This process included home visits to carry out mental health reviews with a Community Psychiatric Nurse (CPN) for housebound mental health patients. The practice lead for mental health called these patients over a few evenings inviting them in for a review.

There was evidence of quality improvement including clinical audit:

- There had been 11 clinical audits commenced in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- All relevant staff were involved in clinical audits and findings were used by the practice to improve services. For example, recent action taken as a result included. The practice carried out an audit to see whether a specific high risk medicine was being managed appropriately. The initial audit identified patients who required blood monitoring; the audit highlighted that this may be due to patients having regular reviews performed within secondary care. The practice identified the need to strengthen processes to support more effective medicine management. For example, the practice added alerts to patients' records; clinicians'

were advised to ensure blood results were downloaded and appropriately coded in order to demonstrate completion. A medicine management information sheet was circulated to all clinicians and staff were proactively contacting identified patients. Following a second audit, all identified patients had received the required blood tests.

- The practice carried out audits of minor surgery annually to ensure clinicians were performing according to practice policy and ensure appropriate notes were being maintained. Staff were able to provide evidence of audits carried out over the past three years. Audit carried out 2015/16 showed that policy had been followed and appropriate notes maintained.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, the nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 360 degree feedback, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with also explained that they received updates from diabetes and asthma UK; staff had online access to the British National Formulary online (a publication which reflects current best practice as well as legal and professional guidelines relating to the uses of medicines).

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice were able to demonstrate how they shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice worked with various community services as part of Integrated Plus. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those with long-term conditions and those at risk of developing a long-term condition.
- Referral processes were in place for those requiring access to a physiotherapist.
- The practice referred identified patients to a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 78% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. Staff explained that they flagged non-attenders on the practice clinical record for further discussion. The practice carried out an audit to assess the rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one couldn't be read properly). Audits provided by the practice showed that the rate of inadequate result had dropped to 2% from 3% which was within CCG acceptable range.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were

Are services effective?

(for example, treatment is effective)

received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Data showed that the practice were performing above local and national average. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 77% compared to CCG average of 73% and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 77% compared to CCG average of 75% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 66%, compared to CCG and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 66%, compared to CCG and national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 98% for first dose and 95% for the second dose, compared to CCG averages of 98% for first dose and 93% for second dose; and national averages of 94% for first dose and 88% for second dose.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The 55 patient Care Quality Commission comment cards we received across both sites were mainly 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 five patients including three members of the patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff listened to patient's needs, responded compassionately when they needed help and provided support when required. Members of the PPG also commented positively on the care received.

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

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average 95%
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG and national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The practice were aware of the national GP survey data and were able to explain actions to improve survey results. For example, to address results relating to GPs treating patients with care and concern the practice arranged an educational event for all GPs to discuss consultation skills. This included effective management of appointment times and communication techniques.

Care planning and involvement in decisions about care and treatment

Patients we spoke with during the inspection 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.

Staff we spoke with were able to demonstrate how they ensured children and young people were treated in an age-appropriate way and recognised as individuals. For example, staff explained that when deciding whether a

Are services caring?

child is mature enough to make decisions they used 'Gillick competency' and 'Fraser guidelines' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas and via the practice web site informing patients this service was available.
- Information leaflets were available in easy read format.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

- There was a comprehensive information board located in the reception area, which provided patients with a variety of information, such as self-help services.

Patient and carer support to cope emotionally with care and treatment

We saw various patient information leaflets and notices available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 182 patients as carers (2% of the practice list). Data provided by the practice showed that 24% received a health check and 66% had a flu vaccination in the past two years. Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress levels review. The practice had a comprehensive carer's information pack, which was available within the reception area and various links via the practice website, which directed carers to the various avenues of support available to them.

A member of the clinical team acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The lead also took responsibility of monitoring and updating the carers list.

The practice offered pre and post bereavement support. Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was then followed by a patient consultation at a flexible time and location to meet the family's needs. Advice on how to find a support service was provided and staff explained that pre death work was offered to families to aid the grieving process.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday morning from 7am until 8am for patients who could not attend during normal opening hours. During winter pressure periods the practice offered staggered appointments on a Saturday.
- Patients had access to a physician associate with longer appointments for urgent care. As a result, staff explained that the GP provision had been increased which in turn increased appointment capacity by 15%.
- There were longer appointments available for patients with a learning disability. The practice worked closely with a local specialist college which had residential facilities for patients with a learning disability allowing ease of access.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a higher than national and local average of patients aged from 60 to 85 and above. Clinical leads carried out fortnightly ward rounds of care homes; clinical staff explained that they use a quality improvement stop and start tool for patients in receipt of four or more medicines.
- The practice took account of the needs and preferences of patient's with complex needs. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Staff explained that there was a named clinical lead and dedicated administrator who took responsibility for these patients and management of their care needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately such as yellow fever. Members of the nursing team explained

that they carried out yellow fever vaccinations for the local schools on an annual basis. Staff explained that this reduced the number of unregistered patients presenting to access the service.

- Staff we spoke with explained that they referred patients to the Integrated plus service. This enabled patients who frequently visited their GP and at risk of hospital admission to receive holistic support and establish solutions to their problems.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. There were accessible facilities, which included a hearing loop, and interpretation services available. There were disabled facilities and the premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients were able to access in-house services such as minor surgery, contraception and joint injections.
- Patients with no fixed abode were able to register at the practice and we saw evidence of a practice policy to support this.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. Data provided by the practice showed that 75% of patients receiving support for drug or alcohol dependency had care plans in place, 100% received a medication review and 83% had a face to face review in the past 12 months.

Access to the service

The practice was open between 8am and 6.30pm Mondays to Fridays, except for Wednesdays where the practice is open between 7am and 6.30pm. Appointments were from 8.30am to 6pm daily except for Wednesdays when consulting hours are from 7am to 6pm. The branch site Wollaston Surgery is open between 8am and 1pm Mondays to Fridays. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Malling Health Out of Hours service which can be accessed through the NHS 111

Are services responsive to people's needs?

(for example, to feedback?)

service. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 88% of patients said their last appointment was convenient compared with the CCG and national average of 92%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, 11 CQC comments related to difficulties securing appointments. Members of the patient participation group also highlighted difficulties getting through to the practice via the phone and appointment availability. The practice action plan in response to the national GP patient survey results demonstrated that staff had liaised with IT support with a view of adapting their telephone system to allow the option of having additional staff members to support the handling of the appointment line. Members of the management team explained that there had been multiple changes over the past few years to establish an effective system for managing appointment demands. Staff explained that the most recent system involved dividing appointments into urgent, non-urgent and long-term conditions. Staff also told us that patient's had daily access to a duty doctor and appointment availability was

constantly being monitored by receptionists who fed back to management. The practice carried out a survey during the month of August 2016 to review whether changes had resulted in improvements. The practice carried out internal surveys and monitored appointment activities. A survey carried out to monitor appointment activities showed that 43% of patients who completed a questionnaire preferred the introduction of extended hours on Wednesday mornings.

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.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a well-established system for handling complaints and concerns; this included yearly analysis of trends.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The practice actively referred complaints to external organisations when required such as NHS England.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed, copies of the practice complaints policy and comments, suggestions and concerns forms.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency when dealing with the complaint. The practice carried out yearly analysis of complaints and produced a report, which they disseminated throughout the practice. The report

Are services responsive to people's needs?

(for example, to feedback?)

demonstrated an effective system for learning from individual concerns and complaints and a proactive approach to identification of trends and actions required to improve the quality of care. For example, the practice recorded a total of 15 formal complaints over the last 12 months. The report showed a spread of subject matters with staff attitude being the most common category. As a result the practice supported staff to attend training on giving out test results, 'customer care' and discussed the importance of keeping an eye on the waiting area; ensuring

patients are checked in correctly to reduce waiting times. The practice also identified the need to involve the patient participation group (PPG) in major changes within the practice to aid more timely communication to patients. Following the inspection the practice provided evidence which demonstrated that they were taking steps to improve joint working arrangements with their PPG. For example, the practice arranged a meeting with PPG members, the practice management team and representatives from Dudley CCG.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs. Members of the management team were able to demonstrate how they monitored whether improvements had been achieved following implementation of new ways of working as a result of survey results.
- GPs were members of various guideline committees such as the NICE Guideline Committee updating the chronic heart failure guideline, a research fellow at the Department of Primary Care health sciences.

Governance arrangements

The practice had an overarching governance framework that supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff we spoke with were mainly aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there were clinical leads for dementia; palliative care, learning disabilities, significant events; complaints and carers. We also saw that project leads were involved in development projects such as front line frailty services at Warwick Hospital.
- Oversight of processes were not carried out effectively and effective methods of communication had not been fully established or embedded to allow the practice to monitor, respond and ensure compliance with relevant safety alerts.
- There were appropriate arrangements for identifying, recording and managing most risks, issues and

implementing mitigating actions. For example, there was a health and safety policy in place and the management team operated a rota system to monitor to ensure enough staff were on duty to meet the needs of patients.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Although an understanding of the performance of the practice was maintained; the practice did not have established effective contingency arrangements for managing specific areas such as asthma care, in the absence of a clinical lead. Following the inspection the practice provided documentation which showed that the practice had an interim asthma lead in place.
- A variety of meetings such as management, clinical and nursing team meetings were held either weekly or fortnightly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audits we viewed as part of the inspection demonstrated quality improvement. The practice responded to areas where national GP survey results were below local and national averages and staff were able to demonstrate processes to monitor whether changes made had led to improvements. However, there were areas where the practice had not fully embedded an effective pathway to communicate with patients regarding changes made within the practice.
- The practice operated an established, effective and accessible system for receiving, recording, handling; responding and learning from complaints and significant events. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Staff explained that the practice held weekly meetings dedicated to discussing complaints and significant.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and

Are services well-led?

Good 

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

capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice won a multi-disciplinary team (MDT) award in 2016 for their joint working contributions; as a result were told that ministers visited the practice to observe the practice MDT functions. Staff explained that Dudley CCG had filmed a MDT meeting taking place within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The management team identified the need to improve communication within the practice therefore participated in the 'Enabling Practices to Improve and Change (EPIC) improvement programme run by Dudley Commissioning Support Unit. Staff we spoke with were able to demonstrate sustained on-going improvements with regards to systems, processes as well as communications. Staff explained that this enabled the practice to improve their internal meeting structure; the introduction of 360-degree feedback for all staff and securing funding from Dudley clinical commissioning group (CCG) to train a clinical minute taker.

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

The practice encouraged and valued feedback from patients and staff. Staff explained that the practice proactively sought feedback from a variety of sources such as the patient participation group (PPG). However, we noted differences between the practices' views and that of the patient participation group in relation to the level of communication and joint working.

- The practice had a structured PPG which included a chair and treasurer. Members of the PPG explained that there were 96 patients signed up to the group with the majority being virtual members. We were told that six active members attended monthly meetings which were held at the practice. The PPG members explained how the group had organised a monthly tea party based at the local Church Hall with an attendance rate of just over 50 patients. We were told that these events were used as an opportunity to inform patients about what's happening in the practice. Guest speakers were also invited to discuss health related topics. This included talks on dementia care and we were told that there were plans to have an arthritis specialist from secondary care and a speaker from a local project, which supports people with learning disabilities. Members of the PPG explained that due to the success of the tea party, the group had been nominated for an award.
- Members of the PPG explained that they had not been involved in reviewing the practice national GP survey results for the past two years and that they were not always being consulted on proposed changes within the practice. We were also told that communication with the PPG and the practice differed between the main site and the branch site Wollaston Surgery. Following the

Are services well-led?

Good 

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

inspection the practice arranged meetings with PPG members, the practice management team and representatives from Dudley CCG to resolve ongoing issues. Documentation provided by the practice demonstrated that they were making every effort to improve communication and effective ways of disseminating information.

- Practice staff we spoke with were able to demonstrate a range of methods in which the practice communicated and have attempted to engage with the PPG. For example, members of the practice management team and often a GP attended the PPG meetings. We saw a number of meeting minutes' which showed discussions such as changes to the practice standard patient letters which the PPG were actively involved in developing. Minutes were also accessible via the practice web site.
- To increase the PPG population mix staff explained that they supported the PPG to increase membership such as younger patients and patients from ethnic minorities by sending text messages to specific population groups inviting them to meetings.
- The PPG explained that they secured an external agency to make twiddle muffs for free (knitted woollen muffs with items such as large buttons or textured fabric attached so that patients diagnosed with dementia can twiddle in their hands). We were told that the agency agreed to supply 60 twiddle muffs for the PPG to issue to all patients diagnosed with dementia. The practice appointed a dementia lead who had asked the PPG to present the twiddle muffs to the practice.

- The practice valued feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice listened to the nursing team and increased appointment times to enable nurses to work through the long term condition framework.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was actively involved in the development of the Multi-speciality Community Provider new models of care. Members of the management team explained that leads attended meetings to support and drive changes and looking at effective methods of working together with other local practices.

The practice signed up to a research site initiative scheme through Birmingham University. Staff explained that the practice were involved in two studies at a time. For example, we were told that the practice were involved in enrolling patients into Primary Care clinical trials such as COPD management and there were plans for all-heart and BRIT (brains in transition) study.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered person did not do all that is reasonably practicable to ensure consistent compliance with relevant patient safety alerts. For example, the practice did not implement an effective system or establish communication pathways to ensure the practice responded to medicines alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).
Treatment of disease, disorder or injury	This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.