

Clement Road Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	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 Clement Road Medical Practice on 25 August 2016. Overall the practice is rated as good.

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

- We observed a patient-centred culture and we saw that staff treated patients with kindness and respect. Patients we spoke with and the completed comment cards we received described staff as helpful, caring and respectful.
- The practice was proactive in identifying and managing significant events. Opportunities for learning from internal and external incidents were maximised.
- The practice had some systems and processes in place to keep people safe and safeguarded from abuse however these were not always effective across all

areas. The practice did not actively review or follow up on children who had missed hospital appointments. Additionally, the practice could not demonstrate that nurses received medicines and device alerts.

- We found that in some areas governance arrangements were not always fully effective. Although policies and documented protocols were well organised and easily accessible to staff, we found that some of the policies were not current and not practice specific.
- There were some records in place to support the practices arrangements for identifying, recording and managing risks. However, we found that records were not kept to support that regular fire alarm tests and fire drills had taken place in the practice and the practice had not assessed the risk in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.

Summary of findings

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that performance data across areas such as diabetes, dementia and mental health had gradually improved over the last 12 months.
- Although 3% of the practice list had been identified as carers, we found that the practice did not always take a proactive approach to ensure that carers were always supported.

The areas where the provider must make improvements are:

- Ensure that child safeguarding is robust, ensure that missed hospital appointments are reviewed and followed up where required.
- Ensure that all relevant staff members receive medicine alerts and medical device alerts.

- Ensure that fire risk is well managed and ensure that records are kept to demonstrate that fire alarms are regularly tested and that fire drills take place.
- Improve risk management, ensure risk is assessed in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.

The areas where the provider should make improvements are:

- Ensure governance arrangements are robust, policies must be practice specific, well embedded and reflect current guidelines.
- Maximise opportunities to support carers and ensure that supportive information is available in an accessible format.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice had some systems and processes in place to keep people safe and safeguarded from abuse however these were not always effective across all areas. For instance, the practice did not actively review or follow up on children who had missed hospital appointments. Additionally, the practice could not demonstrate that nurses received medicines and device alerts.
- We observed the premises to be visibly clean and tidy. Although we saw records of fire risk assessments we found that records were not kept to support that regular fire alarm tests and fire drills had taken place. Staff we spoke with confirmed that fire alarms had not been tested regularly.
- There were some arrangements in place to respond to emergencies and major incidents. However, we found that the practice had not assessed the risk in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We also saw that performance data across areas such as diabetes, dementia and mental health had gradually improved over the last 12 months.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- We saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients we spoke with and completed comment cards described staff as helpful, caring and respectful.
- Although 3% of the practice list had been identified as carers we found that the practice did not always take a proactive approach to ensure that carers were always supported. For example, the practice's computer system was not set up to alert staff if a patient was a carer. The practice offered flu vaccines for anyone who was a carer although a recall system was not set up for this and therefore reviews were not undertaken on an annual basis.
- Although we saw a variety of supportive information on display for carers, the practice did not have a carer's pack in place for carers to take away and access supportive advice and signpost information to other services.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Longer appointments were available for carers and available at flexible times but this was dependant on the carer requesting this.
- Urgent access appointments were available for children and those with serious medical conditions. Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats.

Good



Summary of findings

Additionally, the practice had developed an accessible information pack so that patients were able to make specific requests such as information in a particular format or specific support such as translation requirements.

Are services well-led?

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

- The management team encouraged a culture of openness and honesty. Staff spoken with demonstrated a commitment to providing a high quality service and highlighted that they felt part of a close practice team.
- Governance arrangements were not fully effective across all areas. Some of the policies such as the practices safeguarding policy was not practice specific. We also noticed that some of the content for the practices business continuity plan was out of date.
- There were some records in place to the support the practices arrangements for identifying, recording and managing risks. However, we found that records were not kept to support that regular fire alarm tests and fire drills had taken place in the practice.
- The practice sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and the group was focussing on recruiting more members to join.
- The practice reviewed and responded to the results of their NHS family and friends test and advertised DNA (missed appointment) rates to improve appointment access.

Good



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.

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu vaccines were also offered to patients at home, who could not attend the surgery.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. This included members of the practices older population.

Good



People with long term conditions

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

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- The practice offered a range of clinical services which included care for long term conditions.
- QOF performance for 2014/15 for diabetes related indicators was 83%, compared to the CCG average of 89% and national average of 90%. More recent data provided by the practice highlighted that diabetes performance had improved and was at 100%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 8%.

Good



Families, children and young people

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

Good



Summary of findings

- The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- Practice data highlighted that during the last 12 months they had 21 missed hospital appointments for registered patients under the age of 16, however we found that the practice did not follow a system to actively review these instances and follow up where necessary.
- Childhood immunisation rates for under two year olds for 2014/15 ranged from 79% to 97% compared to the CCG averages which ranged from 83% to 98%. More recent data provided by the practice highlighted that immunisation rates for under two year olds ranged from 85% and 94%. Immunisation rates for five year olds ranged from 95% to 100% compared to the CCG average of 93% to 98%.
- Current data provided by the practice highlighted that cervical screening rates had improved since 2014/15 when the practice's uptake for the cervical screening programme was 66%, compared to the CCG average of 73% and national average of 74%. Current results were in line with the local target of 80%.

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 is rated as requires improvement for providing safe and well led services; this affects all six population groups.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. The practice offered a range of clinical services which included minor surgery, family planning, travel and well person clinics.
- Practice data highlighted that 30% of their patients had been identified as needing smoking cessation advice and support and 6% had successfully stopped smoking.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.

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.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- There were 31 patients on the practices learning disability register, 68% of these patients had care plans in place and 55% of the eligible patients had received a medication review in a 12 month period.
- Vulnerable patients were regularly reviewed and discussed as part of the multidisciplinary team meetings to support the needs of patients and their families.
- Practice data highlighted that approximately 16% of the practices list were from different ethnic groups and some of these patients did not speak English as a first language. The practice developed an accessible information pack so that patients were able to make specific requests such as information in a particular format or specific support such as translation requirements.

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).

- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice also supported patients who were experiencing poor mental health by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.
- QOF performance for 2014/15 regarding mental health related indicators was 68%, compared to the CCG average of 93% and the national average of 92%. More recent data provided by the practice highlighted that performance for mental health related indicators had improved and was at 100%. However, practice data highlighted that only 63% of these patients had an agreed care plan in place.
- Recent data provided by the practice indicated that appropriate diagnosis rates for patients identified with dementia were at 100%.

Good



Summary of findings

What people who use the service say

The practice received 126 responses from the national GP patient survey published in July 2016, 267 surveys were sent out; this was a response rate of 47%. The results showed the practice received mixed responses across areas of the survey. For example:

- 92% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 72% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 75% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 56% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with six patients during our inspection including two members of the patient participation group (PPG). Service users completed nine CQC comment cards. Although patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to care and treatment, some patients and comment cards indicated that the practice would benefit from having another GP in post.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure that child safeguarding is robust, ensure that missed hospital appointments are reviewed and followed up where required.
- Ensure that all relevant staff members receive medicine alerts and medical device alerts.
- Ensure that fire risk is well managed and ensure that records are kept to demonstrate that fire alarms are regularly tested and that fire drills take place.

- Improve risk management, ensure risk is assessed in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure governance arrangements are robust, policies must be practice specific, well embedded and reflect current guidelines.
- Maximise opportunities to support carers and ensure that supportive information is available in an accessible format.

Clement Road 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 a GP specialist advisor and a practice manager specialist advisor.

Background to Clement Road Medical Practice

Clement Road Medical Practice is a long established practice located in the Dudley area of the West Midlands. There are approximately 3400 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a principal GP and a GP partner, as well as an advanced nurse practitioner and two practice nurses. The principal GP, GP partner and the practice manager form the practice management team and they are supported by a team of seven staff members who cover financial, secretarial, administration and reception duties. The practice also employs a cleaner and a long term locum GP works at the practice every Friday.

The practice is open for appointments between 8am and 6:30pm Monday to Friday. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

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

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

Detailed findings

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

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 25 August 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

We viewed a summary of nine significant events that had occurred since April 2015. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a systematic error where a confidentiality breach almost occurred. We saw that action was taken straight away which prevented a confidentiality breach, however the practice recognised that the error could have gone unnoticed, potentially resulting in a data protection breach. This was recorded as a significant event and records demonstrated that this was discussed with staff during a practice meeting to avoid recurrence and to share learning. Records highlighted that staff were reminded of data protection principles to ensure confidentiality was maintained when working through day to day practice processes, as well as when interacting with patients.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One of the GPs was the lead member of staff for safeguarding. The GP attended safeguarding meetings and provided reports where necessary for other agencies. Safeguarding policies were easily accessible to staff on the practices shared computer system and through hard copies. Although staff we spoke with were aware of how to report a safeguarding concern and who to go to with a safeguarding concern, we noticed that the practices safeguarding policy did not outline who to contact for further guidance if staff had concerns about a patient's welfare.
- Some safety alerts were disseminated by the practice manager and the principal GP explained that they also received alerts directly. We discussed examples of safety alerts and found that the principal GP was able to demonstrate how they had effectively acted on a recent

medical device alert. Although practice nurses received patient safety alerts, the practice could not demonstrate that nurses also received other key alerts such as medicines and device alerts from the Medicines & Healthcare products Regulatory Agency (MHRA).

- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually provide a chaperoning service. Staff members had been trained on how to chaperone and we saw training records in place to support this. We saw that disclosure and barring (DBS) checks were in place for clinical members of staff who chaperoned. 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. We saw records of formal risk assessments in place for non-clinical staff members who chaperoned. As a result of the risk assessments the practice had applied for these staff members to have a DBS check, we saw records to support that these applications were made in August 2016 and were in progress. In the meantime, to manage risk the practice ensured that staff were never left alone with patients when chaperoning and this was documented on the risk assessment records.
- We viewed three staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. The practice used locum GPs to cover if ever the GPs were on leave and there was a long term locum GP who worked at the practice every Friday. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.

Are services safe?

- The principal GP was the infection control clinical lead and was supported by the practice nurses who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was a system in place to track and monitor their use, including the use of prescription pads for home visits.
- The arrangements for managing medicines and vaccinations in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance from Public Health England.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patients' and staff safety. For example, there was a health and safety policy and the practice had risk assessments that covered some risks associated with infection control such as legionella. However the practice had not formally assessed risks associated with the health and safety of the premises and the control of substances

hazardous to health (COSHH). This was acted on shortly after our inspection and the practice submitted completed risk assessments to demonstrate that risk was effectively assessed the day after our inspection visit.

Although there were records of fire risk assessments we found that records were not kept to support that regular fire alarm tests and fire drills had taken place. Members of the management team admitted that fire alarms were not tested regularly enough, explaining that the last test was approximately six months ago. On discussing this further the practice manager assured us that a regular programme of fire alarm testing would be implemented and supporting records would be maintained.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice. There was a first aid kit and accident book available. Records showed that staff had received training in basic life support.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage however we noticed that some of the content was out of date. For instance, the plan was dated as 2009 and some of the contact numbers referred to the previous local Primary Care Trust instead of the current Clinical Commissioning Group.
- The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.

Are services safe?

- However, during our inspection we found that the practice had not assessed the risk in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices. Staff we spoke with explained that they hadn't fitted any birth control devices within the last six months and very rarely removed these devices, however this was a service available to patients and there was no formal risk assessment in place to assess the need for this specific emergency medicine.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Additionally, staff we spoke with highlighted how they often accessed the green book online for latest information on vaccines and vaccination procedures as well as the National Travel Health Network and Centre for guidance of travel medicine.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. However, we found that this system was not in place for child attendance at hospital and the practice did not actively review or follow up on instances such as children who had missed hospital appointments. Practice data highlighted that registered patients under the age of 16 had missed 21 hospital appointments, in the last 12 months.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2014/15 showed that the practice achieved 89% of the total number of points available; compared to the local and national averages of 94%. The practice had 11% exception reporting; compared to the local average of 7% and national average of 9%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

Members of the management team explained that the practice had been through a challenging period over the last year which included changes to clinical staffing, the retirement of a long term practice manager and reception staff changes. Staff highlighted how quality performance such as

QOF had been affected as a result of this. Members of the management team explained that they were moving towards a position where the team could focus on areas to improve on; such as mental health performance, dementia and diabetes.

- Data provided by the practice highlighted that they had 32 patients on the mental health register. Performance for mental health related indicators was 68%, compared to the CCG average of 93% and the national average of 92%. More recent data provided by the practice highlighted that performance for mental health related indicators had improved and was at 100%. However, practice data highlighted that only 63% of these patients had an agreed care plan in place.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 8%. Staff we spoke with highlighted that approximately 16% of the practices list size had hypertension.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 83%, compared to the CCG and national average of 94%. There were 17 patients registered at the practice with a diagnosis of dementia. More recent data provided by the practice highlighted that diagnosis rates had improved and had reached 100%.
- The data provided by the practice highlighted that 64% of their patients with a diagnosis of dementia had care plans in place and 82% had received a medication review in a 12 month period with ongoing reviews planned.
- Staff we spoke with highlighted that approximately 7% of the practices list size had diabetes. Performance for overall diabetes related indicators was 83%, compared to the CCG average of 89% and national average of 90%. More recent data provided by the practice highlighted that diabetes performance had improved and was at 100%.

The practice shared records of four clinical audits which included a prescribing audit, an audit on specific blood monitoring for patients with diabetes, an audit on controlling the urate level in patients with Gout and an audit on minor surgery. Some of these audits (such as the audit on Gout) had been repeated to complete the audit cycle, and the audit records highlighted that improvements

Are services effective?

(for example, treatment is effective)

had been made. Records of the minor surgery audit demonstrated that the GP had performed 113 minor surgery procedures between July 2015 and June 2016. Diagnosis was accurate in 95 of these cases (84%) and 5% had reported infections and were appropriately treated by the GP. An action plan was developed to improve infection rates which included implementing more robust infection control procedures, applying strict post-operative advice and ensuring that patients were made aware of specific care advice such as maintenance of dressings after minor surgery. The practice demonstrated good referral rates and also achieved 100% histology results and 2% of the minor surgery cases were referred to hospital and the rapid access skin clinic for follow up.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including minor surgery, dermatology, long term condition and chronic disease management. We saw training records to support that clinicians had been trained in these areas.
- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated.

- Nurses were supported to attend studies days, such as updates on immunisations and cervical screening. In addition to in-house training staff made use of e-learning training modules.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

The practice had 23 patients on their palliative care register. The data provided by the practice highlighted that 65% of these patients had a care plan in place and 82% of the eligible patients had received a medication review in a 12 month period. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

There were 31 patients on the practices learning disability register, 68% of these patients had care plans in place and 55% of the eligible patients had received a medication review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- Practice data highlighted that 30% of their patients had been identified as needing smoking cessation advice and support and 6% had successfully stopped smoking.
- Childhood immunisation rates for under two year olds ranged from 79% to 97% compared to the CCG averages

which ranged from 83% to 98%. Immunisation rates for five year olds ranged from 95% to 100% compared to the CCG average of 93% to 98%. More recent data provided by the practice highlighted that immunisation rates for under two year olds ranged from 85% and 94%.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer screening rates were at 69% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 57% compared to the CCG and national averages of 58%.
- The practice's uptake for the cervical screening programme was 66%, compared to the CCG average of 73% and national average of 74%. Staff explained that they had a large number of patients from ethnic minority groups and felt that this impacted on the practices performance for cervical screening. Practice data highlighted that approximately 16% of the practices list were from different ethnic groups. Clinicians confirmed that they opportunistically offered cervical screening where appropriate and that they raised awareness in the practice through consultations with patients. Current data provided by the practice highlighted that cervical screening rates had improved and were in line with the local target of 80%.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Results from the national GP patient survey (published in July 2016) showed mixed responses with how patients were treated, for example:

- 82% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 88% 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%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with six patients on the day of our inspection including two members of the patient participation group (PPG). They told us they were satisfied with the care

provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, and helpful. We received nine completed CQC comment cards, the cards contained many positive comments and staff were described as helpful, caring and respectful.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. However, results from the national GP patient survey highlighted that the practice was below average for patient involvement in planning and making decisions about their care and treatment:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 72% 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%.

The practice had also produced an in-house patient survey and was in the process of collating the responses. We saw that based on 11 responses collated for the month of July, all respondents gave positive ratings and responses regarding the service overall.

The practice had a register of three patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There were 102 patients on the practices register for carers; this was 3% of the practice list.

Although we saw a variety of supportive information on display for carers, the practice did not have a carer's pack in place for carers to take away and access supportive advice and signpost information to other services. We also found that although 3% of the practices list were carers, the practices computer system was not set up to alert staff if a

Are services caring?

patient was also a carer. The practice offered flu vaccines for anyone who was a carer although a recall system was not set up for this and therefore reviews were not undertaken on an annual basis.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Longer appointments were available for carers and available at flexible times but these were based on the carer requesting this.
- Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Appointments could be booked over the telephone, face to face and online. Text messaging appointment reminders were utilised to remind patients of their appointments.
- There were disabled facilities, hearing loop and translation services available.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats. Additionally, the practice developed an accessible information pack so that patients were able to make specific requests such as information in a particular format or specific support such as translation requirements.

Access to the service

The practice was open for appointments between 8am and 6:30pm Monday to Friday. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 highlighted that although patients found it easy to access the practice by phone, responses regarding appointments and waiting times were mostly negative. For example:

- 92% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 63% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 59% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 46% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

Although patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to care and treatment, some patients and comment cards indicated that the practice would benefit from having another GP in post. Patients also commented that if appointment waiting times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations.

Members of the management team highlighted that the practice's DNA rates were high (for missed appointments that were not cancelled by patients). For example, 136 appointments were missed over a seven week period from June to August in 2015. A further analysis was conducted in the practice for a similar period in 2016 whereby 155 appointments were missed and not cancelled by patients. Staff we spoke with highlighted that DNA rates impacted negatively on the service in terms of appointments and the practice was trying to raise awareness by advertising DNA rates in the practice and encouraging patients to cancel appointments if they could not attend.

Listening and learning from concerns and complaints

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

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

the practice manager to discuss complaints. We saw a summary of two complaints which were made since December 2015. The complaints had been investigated, responded to and closed in a timely manner. Records demonstrated that they had been satisfactorily handled and that this was with openness and transparency.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice's vision was to provide patients with an excellent standard of high quality care. We spoke with five members of staff during our inspection, all of which spoke positively about working at the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including family planning and a lead for diabetes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, in some areas governance arrangements were not always fully effective. Although policies and documented protocols were well organised and easily accessible to staff, we found that some of the policies we viewed were not practice specific. For example:

- The practice's safeguarding policy did not outline who to contact for further guidance if staff had concerns about a patient's welfare.
- We noticed that some of the content for the practice's business continuity plan was out of date. The plan was dated as 2009 and some of the contact numbers referred to the previous local Primary Care Trust instead of the current Clinical Commissioning Group.
- There were some records in place to support the practice's arrangements for identifying, recording and managing risks. However, we found that records were not kept to support that regular fire alarm tests and fire drills had taken place in the practice.

Leadership, openness and transparency

The principal GP, GP partner and the practice manager formed the management team at the practice. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff

demonstrated that they were aware of the practice's open door policy; staff said they were confident in raising concerns and suggesting improvements openly with members of the management team.

The practice had a regular programme of practice meetings; these included practice meetings which took place every six to eight weeks. Meetings were governed by agendas which staff could contribute to. We saw minutes of these meetings which highlighted that key items such as significant events and changes to policies and processes were discussed during the meetings. Practice nurses also held a weekly informal meeting, in addition to attendance at practice meetings.

The practice manager engaged with local practice managers by attending regular Dudley Practice Manager Alliance (DPMA) meetings; to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG met as a group on average every six weeks, with regular attendance by practice staff. The PPG consisted of 10 members including a PPG chair and a vice chair. We spoke with two members of the PPG as part of our inspection who explained that previously the PPG had organised a health care event on diabetes awareness for patients and for the local community, however this was cancelled due to low level of interest from patients and the public. The PPG members explained that they were focussing on recruiting more members to join the group and were planning on exploring more ways to support the practice and engage with patients in the future.

The practice responded to the results of their NHS family and friends test which highlighted that between November

Are services well-led?

Good 

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

2015 and July 2016 80% of the respondents were extremely likely or likely to recommend the service to a family member or a friend. This was based on 457 responses over a nine month period. The practice also added a further

clinic and increased nurse appointments in relation to feedback provided through the survey, staff were positive that the increased clinics would have a positive impact on appointments and waiting times.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	
Management of supply of blood and blood derived products	Safeguarding systems were not robust across all areas. The practice did not actively review or follow up on children who had missed hospital appointments.
Surgical procedures	
Treatment of disease, disorder or injury	The practice could not demonstrate that nurses received medicines and device alerts. Regular fire alarm tests and fire drills had not taken place in the practice. The practice had not assessed the risk in the absence of emergency medicine associated with minor surgery and fitting specific contraceptive devices.