

The Wharf Family 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?		Good	
Are services effective?		Requires improvement	
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 Wharf Family Practice on 30 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice governance processes were not effective enough to ensure patients with long term conditions were being well managed. For example, the practice QOF exception reporting for many long term conditions were significantly higher than local and national averages. Staff members with lead clinical roles for some of the long term conditions were unaware of this. Following the inspection the practice told us that some of these high exception reporting were identified as administration errors and the policy had been re-visited and training had been offered to the relevant staff members.
- Information in the practice leaflet and website in regards to opening hours did not align and needed updating. However, following the inspection the practice had contacted the website provider and action was taken to update the information on the website.

Summary of findings

- The practice was part of a corporate provider which had merged with another corporate provider and as a result a new structure of the provider was taking shape. There was a practice specific development plan outlining areas for improvement
- There was evidence that the practice sought feedback from patients which it acted on.

The areas where the provider must make improvement are:

- The practice must review its system to assess, monitor and improve the quality and safety of the services by means of the effective governance processes to ensure all patients with long term conditions are being well managed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, exception reporting was significantly above local and national averages. The clinical staff we spoke with were not aware that exception reporting was higher than local and national averages. We saw efforts were being made to improve by the new practice manager. Following the inspection the practice also told us that some of these high exception reporting were identified as administration errors and the policy had been re-visited and training had been offered to the relevant staff members.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1% of its patient list size carers so that appropriate support could be provided. However, not all staff were aware of how to register carers or the code they would use on the computer system. The new practice manager had identified that this was an area for improvement and plans were in place to address the issue which included training for staff to ensure carers were appropriately identified, registered and suitable codes were utilised .

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was above or in line with local and national averages. For example, 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients also said that it was becoming increasingly difficult to get an appointment when they wanted as the practice list size had increased.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision to deliver the highest quality care that was patient centred. As part of this vision the providers had developed a business plan outlining various areas for improvement such as staff skill mix and IT systems.
- There was a governance framework to support the delivery of the strategy and good quality care. However, the system in place for monitoring patient outcomes was not always effective. Some clinical staff, with lead roles for QOF were not aware of the high exception reporting rate. Following the inspection the practice told us that they had identified the areas for improvement and action was taken to address the high exception reporting rates.
- The practice was part of a corporate provider and there was a leadership and corporate structure and staff felt supported by management.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. There was a named GP lead for older people and they had developed care plans for these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The consultation rooms were all located on the ground floor. A hearing loop was also available at the practice.
- Flu vaccinations were offered to patients including those patients that were unable to access the practice.
- The practice offered other appropriate vaccinations such as for shingles for patients aged 70 to 79 years.
- The practice offered an enhanced service for unplanned admission to hospital.

People with long term conditions

Requires improvement



- The practice QOF achievement for 2014/2015 was similar to the local and national averages. The latest (unpublished and unverified) data for 2015/2016 showed that the practice achievement was above local and national averages. However, published data looked at showed that exception reporting was significantly above local and national averages. Administration staff were involved in exception reporting of patients. Some clinical staff we spoke with were not aware of the high reporting. Following the inspection the practice told us that they had identified the areas for improvement and action was taken to address the high exception reporting rates.
- Performance for diabetes related indicators was at 97% was above than the local CCG average of 91% and the national average of 89%. However, exception reporting was significantly higher than CCG and national averages. Following the inspection the practice told us that they had identified the areas for improvement and action was taken to address the high exception reporting rates.
- A diabetes specialist nurse was attached to the practice and patients were referred to education programmes when appropriate.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and 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

Good



- Same day appointments were available for children and those with serious medical conditions.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice uptake for cervical screening (83%) was slightly above the CCG average of 81% and the national average of 82%. However, the practice exception reporting was 19% which was above the CCG average of 7% and the national average of 6%.
- Appointments were available outside of school hours and on Saturdays.
- The premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged was similar to the CCG average.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Late opening outside of working hours were available. Appointments on Saturdays were also offered.
- Healthy lifestyle clinics were available such as diet and smoking cessation.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers. However, the practice did not have an agreed process for registering carers. One of the GPs we spoke with had not registered any patients as a carer and was unsure which code they would use on the system. The new practice manager had identified that this was an area for improvement and plans were in place to address the issue which included training for staff to ensure carers were appropriately identified, registered and suitable codes were utilised.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

People experiencing poor mental health (including people with dementia)

Good



- There was a clinical lead for dementia patients. The practice had signed up to the NHS England dementia enhanced service to facilitate timely diagnosis and to offer support.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG (85%) and national average (84%). The exception reporting was 4% and was below the CCG average of 7% and the national average of 8%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive care plan documented in the record, in the preceding 12 months. This was above the CCG average of 92% and the national average of 88%. The exception reporting was 7% which was below the CCG average of 9% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing below in some areas to local and national averages. Of the 357 survey forms that were distributed 79 were returned. This represented approximately 3% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the local CCG average of 76% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 82% and the national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the local CCG average of 86% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 76% 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 12 comment cards which provided mixed feedback about the service. Eight comments were positive about the service as some commented on the lack of availability of appointments.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they had received and thought staff were approachable, committed and caring. Patients thought the service was fantastic and said their dignity and privacy was respected.

The practice carried out the friends and family test and we saw the results for the month of July was displayed in the reception area. We saw that 31% of patients were extremely likely to recommend the practice to their friends and family while 69% were likely.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- The practice must review its system to assess, monitor and improve the quality and safety of the services by means of the effective governance processes to ensure all patients with long term conditions are being well managed.

The Wharf Family 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 adviser.

Background to The Wharf Family Practice

The Wharf Family Practice is located in Walsall, West Midlands, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by The Wharf Family Practice are below the national average, ranked at one out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between 0 to 15 years. The practice also had a higher than average patient population aged between 20 to 40 years, especially female patients. The practice also had a lower than average patients registered aged 40 and over.

The Wharf Family Practice is part of the NHS Walsall Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The patient list is approximately 3,200 of various ages registered and cared for at the practice. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice is owned by corporate provider and had merged with another corporate provider in May 2016. As part of the merger, changes to the organisational structures were being implemented.

The service is provided by three salaried GPs (all female) who worked various days. The GPs are supported by two practice nurses and a health care assistant (HCA). The non-clinical team consist of administrative and reception staff and a practice manager who had started working at the practice in March 2016. The practice manager also managed another practice owned by the corporate provider.

The practice is open between 8am and 6.30pm Monday to Friday and appointments were available during these times. The practice offers extended hours on Mondays and Thursdays from 6.30pm to 8pm. In addition, extended opening hours were also provided on Saturdays from 9am to 12pm.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by another provider (Primecare).

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.

Detailed findings

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 30 August 2016. During our visit we:

- Spoke with a range of staff including two GPs, administration staff and the practice manager.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how patients were being cared for and talked with carers and/or family members
- Some of the national leads for the corporate provider were available in the practice on the day of the inspection and included the associate medical director, the service development director, a support manager and two other practice managers from other locations.

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 effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a 'significant event – critical incident review' recording form available. Minutes of team meetings we looked at showed learning from incidents were discussed.
- We reviewed patient safety alerts and saw that the practice had a system to respond to alerts. For example, we saw that the practice had received a recent Medicines and Healthcare products Regulatory Agency (MHRA) drug alert regarding a medicine linked with risks of abnormal pregnancy outcomes. We saw that the practice had conducted a search on the system to identify any patients so that appropriate action could be taken. The search revealed that no patients were being prescribed this medicine.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 and they were able to show us a list of children that were subject to safeguarding concerns. We saw quarterly minutes of meeting with other relevant specialist such as health visitors. Staff demonstrated they understood their responsibilities and we saw an example where staff had raised a safeguarding issue due to concerns identified. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child protection or child safeguarding (level three).
- 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).

- We looked at four staff files and saw that appropriate recruitment checks had been carried out.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice building was owned by the nearby hospital and the cleaners were employed by the hospital who also carried out checks on the quality of cleaning. There was an infection control protocol in place and staff had received up to date training. The practice nurse was the infection control lead in the practice and the annual infection control audit was undertaken by the hospital lead. The last audit was undertaken in August 2015 and an action plan was developed and findings and implemented.
- The arrangements for managing medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription pads were securely stored and there were systems in place to monitor their use. Printable stationery were kept in the consultation rooms which were locked when not in use.
- We saw Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice building was owned by the nearby hospital and many of the risk assessments were carried out by the hospital. These included fire risk assessments and regular fire drills. Other risk

Are services safe?

assessments included control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice arranged for the testing of all electrical equipment to ensure they were safe to use and it was working properly and we saw evidence to confirm this.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a monthly rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff normally worked specific hours and the rota generally had a weekly pattern. The practice staff we spoke with told us that they had been trained in other roles to offer flexibility during unplanned absence. The practice was part of a corporate provider and staff members told us that staff from other local sites would be available if needed. One staff member told us that they had recently worked at another practice to provide cover.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a list of emergency medicines that were available. Medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, the practice also had a list of emergency medicines that were not kept in the practice. These included medicine for nausea and vomiting, severe pain and for epileptic fit. The practice had carried out a risk assessment to determine if they were required.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan incorporated two other practices located nearby and were part of the corporate provider.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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. For example the practice nurse we spoke with showed us NICE guidance they used for management of some long term conditions such as Chronic Obstructive Pulmonary Disease (COPD) and diabetes. They also showed us some of the templates they used that was in keeping with national guidelines.
- The practice monitored that these guidelines were followed through audits and we saw examples of an audit on the use of aspirin as anticoagulant therapy in patients with atrial fibrillation which was based on NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. The CCG average was 96% and the national average was 95%. The practice QOF achievement for 2015/16 was 98% although this was unverified and unpublished data.

Data from 2014/15 showed:

- Performance for diabetes related indicators was higher than the local CCG average and the national average. The practice achievement was 97% which was above the CCG average of 91% and the national average of 89%.
- Performance for mental health related indicators was below the local and national average. The practice achievement was 89% which was below the CCG average of 95% and the national average of 93%.

The practice overall exception reporting at 21% was above the CCG average of 8% and the national rate of 10%. (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 clinical staff we spoke with were not aware that exception reporting was higher than local and national averages. However, administration staff we spoke with were aware and had sent out reminder letters when patients did not attend reviews.

The practice told us one of the current challenges they faced regarding the high exception reporting was the high number of short term (transient) patients on the practice list. We saw that efforts were being made by the administration team towards improving exception reporting. The practice manager had been recruited recently and we saw changes had been made by them in relation to the reminder letters that were being sent out to patients. For example, we saw one letter sent to a patient advising that according to the practice system they were due a review. The letter did not contain any information such as the importance of attending their reviews. The patient had not responded to the letter. We saw another example of a letter sent to the same patient by the new practice manager in regards to missed appointment which explained the practice policy for missed appointments and informed the patient to call and discuss any issues that was preventing them from attending their appointment so that a convenient time could be arranged. We saw that after receiving this letter the patient had attended a review. Following the inspection the practice told us that some of these high exception reporting were also identified as administration errors and the policy had been re-visited and training had been offered to the relevant staff members.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last 12 months, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had conducted an audit of the use of hypnotics in September 2015. A re-audit in August 2016 showed that improvements were achieved.

Are services effective?

(for example, treatment is effective)

- The practice was part of a corporate practice and we saw that clinical staff from different practice participated in monthly CPD meetings. For example, we saw evidence that a CPD meeting on Atrial Fibrillation (AF) was delivered by a specialist from the local hospital in February 2016. AF is an irregular heartbeat (arrhythmia) that can lead to blood clots, stroke, heart failure and other heart-related complications

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Relevant staff files we looked at showed that 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 practice nurses were responsible for management of long term conditions and cervical cytology screening. The practice staff told us that they had received access to eLearning recently and would be able to access further training that were relevant to their roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example the practice was part of a corporate provider and CPD meetings were held covering various subjects. We saw examples where external specialist attended these events to share and discuss recent standards.
- The learning needs of staff were identified through a system of appraisals, and relevant staff files we look at showed all staff had received an appraisal within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, the practice staff had recently received access to eLearning and regular monthly CPD meetings were held with other staff that were part of the

corporate provider. Staff files we looked at showed that they had received training in safeguarding, infection control, fire safety awareness, basic life support and information governance.

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 shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had conducted an audit on its referral letter assessment March 2014. A re-audit in February 2015 showed that improvements were made in all areas the assessment looked at.
- 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. Minutes of practice meetings we looked at showed that 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 or after they were discharged from hospital. One of the GPs we spoke with told us that they actioned all discharge summaries where relevant and contacted the patient within 48 hours for follow up consultations.
- The practice followed the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life.
- There were nine patients on the practice palliative care register. The data provided by the practice highlighted that 89% of these patients had undergone a review of their care in the last year. Minutes of MDT meetings we looked at showed patients on the palliative care register were regularly reviewed to support the needs of patients and their families.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. We saw appropriate co-ordination of 'do not attempt resuscitation' (DNAR) orders with preferred place of death and notification of out of hours services.
- 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.

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 and patients could also access this via the practice website. This included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice uptake for cervical screening (83%) was slightly above the CCG average of 81% and the national average of 82%. However, the practice exception reporting was 19% which was above the CCG average of

7% and the national average of 6%. The practice told us that of the current challenges they faced regarding the high exception reporting which included poor uptake. However, action had been taken to make improvements which included employing an external nurse to help who worked two sessions a week and community engagement.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw examples of letters that were sent to patients reminding them to attend their appointments. We also saw bowel screening leaflets were also available in different languages such as Arabic, Punjabi and Urdu. However, the practice eligible patients screened for bowel and breast cancer was mixed.
- For example, females (50-70 years) screened in the last three years was 58%. This was below the CCG average of 73% and the national average of 72%. The rate at 88% was above the CCG average of 72% and the national average of 73% for those screened within six months of invitation.
- There was an information screen in the reception area with health promotion information such as advice on alcohol consumption, lifestyle advice, advice for young carers with signposting to relevant websites. A diabetes specialist nurse was attached to the practice and patients were referred to education programmes.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 86% to 96%. This was similar to the CCG average.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 12 patient Care Quality Commission comment cards with mixed views regarding patient experience. Most of the comment cards were positive about the service and staff. They stated that staff were friendly, efficient and willing to help.

We spoke with five patients including a member of the Patient Participation Group (PPG). They also told us they thought the service was fantastic and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Results from the national GP patient survey showed that the practice achievement for satisfaction scores on consultations with GPs and nurses were not significantly different from local CCG and national averages. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 84% and the national average of 85%.
- 91% 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 the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for the GPs and above average for the nurse. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 82% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some of the staff were multilingual and could speak other languages such as Urdu, Punjabi and Polish.

Are services caring?

- Information leaflets were available in different languages such as an Urdu leaflet for pathways 4 life, a joint partnership scheme between Age UK Walsall and a housing group providing a wide range of advice and support for people with a diagnosis of dementia. We saw bowel screening leaflets were also available in different languages such as Arabic, Punjabi and Urdu.
- The practice website could be translated in various languages and the font size could be increased for those who had difficulty with their vision.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations such as for bereavement. Information about various support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice

list size as carers and we saw relevant information for carers available in the practice to advice and direct relevant patients to the support available. However, we spoke with a GP who was unaware of the code they would use to record a patient that was a carer. They told us that they could use a number of codes on the system. If different codes were being used to record carers it would make it difficult to identify all carers from the computer system and consequently offer support. The new practice manager had identified that this was an area for improvement and plans were in place to address the issue which included training for staff to ensure carers were appropriately identified, registered and suitable codes were utilised.

The practice supported people who suffered bereavement. We saw leaflets in the practice which offered further advice and details of other agencies for support. The GPs we spoke with told us that they would get in touch with bereaved relative and offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. All elderly patients had a named GP and they were responsible for developed care plans. Immunisations such as flu and shingles vaccines (age 70-79) were also offered to vulnerable patients at home, who could not attend the surgery.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online
- The practice offered extended hours on Mondays and Thursdays from 6.30pm to 8pm. Saturday opening was also offered from 9am to 12pm. We were told that the practice was open on Saturdays from 8am to 12pm and this was confirmed on the practice leaflet. However, the practice website stated that they were open on a Saturday from 8am to 4pm.
- There were hearing loop and translation services available. The practice staff were able to speak some of the languages spoken by patients. We saw some information leaflets were available in other languages. The practice website could be translated in various languages and font size could be enlarged for those who may have difficulty with their vision.
- All consultation rooms were located on the ground floor which ensured easy access for patients that may have difficulty with their mobility. The practice had also signed up to the NHS England dementia enhanced service to facilitate timely diagnosis and to offer support.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Extended opening was offered on Mondays and Thursdays between 6.30pm to 8pm.

Appointments were from 8am to 6:30pm during the week, on Mondays and Thursdays appointments were available to the later time of 8pm. On Saturdays appointments ran from 8am to 12pm.

Late evening surgery was only as pre-booked appointments prioritising working patients or chronic disease management. On Saturdays appointments were through advanced booking from 8am to 9am and on the day booking from 9am to 10.50am. Urgent appointments were also available.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

We received mixed reviews from patients we spoke with on the day of the inspection. Some patients told us that it was becoming increasingly difficult to get an appointment when they wanted. Two of the comment cards we had received also stated that they had experienced difficulty with access and occasionally waited longer for their appointment. The practice was aware of this and we saw notices had been put up in the reception area to remind patients to inform reception staff if they had been waiting more than 10 minutes. This was also communicated to patients through the practice television screen in the reception. The practice was commissioned in 2009 with an empty list size. Some of the patients told us that as the list size had grown, existing patients were finding appointments not as readily available as they had previously experienced.

Patient survey results for availability of appointments suggested that patients were able to get an appointment that was convenient and with their preferred GP. However, appointments were not readily as availability compared to the CCG and national average.

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were usually able to get to see or speak to their preferred compared to the CCG average of 57% and the national average of 59%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 65% patients said they 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 the national average of 92%.
- 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.
- We saw that a complaints leaflet was available in the reception area to help patients understand the complaints system. The practice leaflet, also available in the reception area briefly explained the complaints process although some details needed to be updated such as the CCG details.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

The practice had received 16 complaints from April 2015 to March 2016. We looked at a selection of these complaints and saw that they were responded to appropriately and timely.

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 the highest quality care that was patient centered and responsive to the needs of patient preferences. The practice was part of a corporate provider and they had merged with another corporate provider in May 2016. As a result the organisational structure of the provider was changing and taking shape.

As part of this vision to deliver better quality, the providers had developed a business plan for 2016-18. The plan included various streams such as staff development to introduce new skill mix of the practice with advanced nurse practitioners and pharmacists. Other plans included improvement to IT systems including implementing changes to the current telephone system to offer a more responsive and effective service.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, the governance processes needed to be further strengthened in areas such as registration of carers.

The practice Quality and Outcomes Framework (QOF) exception reporting was significantly higher than the local CCG and national averages for many long term conditions. For example, one of the GP was the lead for diabetes and the practice exception reporting for diabetes for 2014/15 was 25%. This was above the CCG average of 9% and the national average of 11%. When we spoke with the GP, they were unaware of the high exception reporting. This did not suggest that governance processes were effective enough to ensure staff had a comprehensive understanding of the performance in the areas they were responsible for. The current exception reporting for diabetes was 9% (second quarter). However, this was unverified and unpublished data.

Furthermore, we were told that 90% of all exemption reporting was being undertaken by administration staff and we looked at some examples. There were 38 patients on the practice Chronic Obstructive Pulmonary Disease (COPD) register and we saw that 15 (39%) had been exemption reported for the current year (unverified and unpublished data). We looked at a patient record that had been exemption reported and saw that they had been sent

three reminder letters. We looked at a second record where a patient had been exemption reported but did not see evidence that reminder letters had been sent to them to attend a review. This suggested governance processes needed to be strengthened to ensure better outcomes for patients. Following the inspection the practice told us that they had identified the areas for improvement and action was taken to address the high exception reporting rates.

We also saw that some information in the practice leaflet were not current. The Saturday opening times on the practice website did not match what we were told and what was on the practice leaflet. However, following the inspection the practice had contacted the website provider and action was taken to update the information on the website.

Leadership and culture

The practice was part of a corporate provider which had merged with another corporate provider and we were told that the merger was likely to take up to 12 months to complete. There was a practice manager who had been recruited recently and was responsible for the day to day running of the practice. They also worked at another site owned by the corporate provider. We saw that the practice manager had implemented some changes to improve practice such as changes to the letters reminding patients to attend reviews.

The corporate provider had a national support centre to support all the surgeries in areas such as training, health and safety and Governance. The practice manager had started recently and they were being supported by another practice manager from another location that was part of the corporate provider.

Some of the national leads for the corporate provider were available in the practice on the day of the inspection and included the associate medical director and the service development director. Staff we spoke with told us that they was an open culture within the practice and they had the opportunity to raise any issues at all levels.

All staff files we looked at showed that they had received training in safeguarding, basic life support as well as infection control. Staff told us that the practice was supportive and could access training and were encouraged to participate in e-learning which was available to them. We also noted that CPD meetings were organised for clinical staff every month with external speakers attending.

Are services well-led?

Good 

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

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

There was evidence that the practice engaged with patients and encouraged feedback on the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with members of the PPG who told us that they had raised car parking issues which had been actioned.
- The practice had not undertaken a formal survey but we were told that the local Healthwatch had recently undertaken a survey at the practice. We looked at the

report forwarded to the practice by Healthwatch.

However, this was not specific to the practice as the report was compiled based on the collective findings from all practices within the locality.

- We saw that the practice monitored feedback left on the NHS choices website and had responded to most comments. We saw that they were also discussed in the PPG meetings and had responded where appropriate. For example, some comments related to long waiting time for an appointment and we saw notices had been put up in the waiting area and on the television screen to inform reception staff if patients had been waiting more than 10 minutes.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice must assess, monitor and improve the quality and safety of the services by means of the effective governance processes to ensure patients with long term conditions are effectively managed.