

# Dudley Partnerships for Health LLP

## 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?

Good 

Are services caring?

Requires improvement 

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 previously inspected Dudley Partnerships for Health LLP on 12 October 2016. As a result of our inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing effective and well led services; the practice was rated good for providing safe, caring and responsive services. A requirement notice was issued to the provider. This was because we identified a regulatory breach in relation to regulation 17, Good governance. We identified an area where the provider must make improvements and some areas where the provider should make improvements.

At the time of our inspection we inspected Dudley Wood Surgery under its previous practice name of Dudley Partnerships for Health LLP. This is because the practice had notified CQC of their name change which was being processed at the time of our inspection; this name change had taken place approximately three weeks before our inspection date.

We carried out an announced comprehensive inspection at Dudley Wood Surgery (formally known as Dudley Partnerships for Health LLP) on 19 July 2017. This

inspection was conducted to see if improvements had been made following the previous inspection in 2016. You can read the reports from our previous inspections, by selecting the 'all reports' link for Dudley Partnerships for Health LLP on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- Patients spoke highly of the care provided by the practice team. The practice had improved on some areas of the latest national GP patient survey in comparison to the July 2016 publication. This included improved telephone access, opening hours as well as improved aspects of care.
- Practice systems ensured compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

# Summary of findings

- During our most recent inspection we saw that lines of accountability were clear. Staff roles were clearly structured and well defined at all levels within the practice. Staff felt supported at all levels and spoke positively about being part of the practice team.
- We saw that learning was shared locally and across the wider partnership. Items such as significant events, complaints, safeguarding and clinical audits were discussed during practice meetings and in partnership-wide clinical governance meetings.
- We found that although the most recent national GP patient survey results showed that some improvement had been made, performance remained below local and national averages across most areas in response to questions about care and involvement in decision making. We noted that the practice had worked on an action plan since the previous survey which was published in July 2016. However, there was limited evidence of improvement to patient outcomes when we compared the two surveys.
- We saw that audits were used to drive improvements in patient care and to improve systems and processes in the practice.
- The practice could demonstrate that they used the information collected for Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH) to monitor outcomes for patients.
- We noted that specific processes had been strengthened and well embedded within the practice, such as the process for managing uncollected prescriptions, the management of practice correspondence and better embedded prescribing policies.
- During our inspection we found that records of the infection control audit and legionella risk management contained gaps. Additionally, there was no evidence of immunisation status in place for a member of staff where required.
- On the day of our inspection we found that the security of patient notes was compromised due to a broken lock, staff assured us that the lock would be repaired as a priority. Shortly after our inspection took place the practice assured us that the notes were moved to a secure area of the practice in a lockable location.
- There were hearing loop and translation services available. There were some facilities in place for disabled people and for people with mobility difficulties. However, there was no evidence of any formal equality assessments carried out to determine how disabled patients and patients with mobility difficulties would access the health promotion room on the first floor in the absence of a lift. Shortly after our inspection the provider provided advised that patients with mobility difficulties were seen on the ground floor to avoid having to use the stairs.

The areas where the provider should make improvements are:

- Improve record keeping to support good governance arrangements across areas associated with infection control best practice guidelines.
- Formally assess and manage risk to ensure that patients with a disability and patients with mobility difficulties can safely access all areas of the practice required to suit their care and treatment needs.
- Consider working on areas to improve as identified from patient feedback and the national GP patient survey and assess the effectiveness of improvement as part of a continuous improvement cycle.

**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?

At our previous inspection on 12 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services.

- There were processes in place for formally reporting incidents and systems ensured compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice had clearly defined and embedded systems in place to keep people safe and safeguarded from abuse.
- Significant events were discussed with all staff and reflected on further during the partnerships quarterly clinical governance meetings.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. We observed the premises to be visibly clean however we noted that in some areas governance arrangements did not reflect best practice infection control standards. For instance, there was no record of staff immunisation status for a member of the team that occasionally handled sharps bins (used for the safe disposal of needles).

Good



### Are services effective?

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing effective services. This was because we did not receive assurance from the provider to demonstrate how the practice actively monitored their performance under local quality framework (Dudley Quality Outcomes for Health).

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing effective services.

- The practice could demonstrate that they used the information collected for Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH) to monitor outcomes for patients.
- We saw that audits were used to drive improvements in patient care and to improve systems and processes in the practice.

Good



# Summary of findings

Practice performance data also highlighted that the practice had the third lowest A&E attendance rate compared to other practices in the Dudley Clinical Commissioning Group (CCG) area.

- Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a monthly basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings.
- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for various patient groups and for patients needing medication and general health reviews.

## Are services caring?

At our previous inspection on 12 October 2016, we rated the practice as good for providing caring services. We identified some areas that require improvement when we undertook a follow up inspection on 19 July 2017 and the practice is now rated as requires improvement for providing caring services.

- We found that although the most recent national GP patient survey results showed that some improvement had been made, performance remained below local and national averages across most areas in response to questions about care and involvement in decision making.
- We noted that the practice had worked on an action plan since the previous survey which was published in July 2016. However, there was limited evidence of improvement to patient outcomes when we compared the two surveys.
- We saw that 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.
- Three percent of the practice's patient list was carers. There was supportive information available, flu vaccinations and annual reviews to support carers.

Requires improvement



## Are services responsive to people's needs?

At our previous inspection on 12 October 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

Good



# Summary of findings

- Appointments could be booked over the telephone, face to face and online. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- There were hearing loop and translation services available. There were some facilities in place for disabled people and for people with mobility difficulties.
- Results from the national GP patient survey published in July 2017 highlighted that some areas of access had improved when compared with the previous survey from 2016; this included improved telephone access and opening hours.
- Patients were informed that the practice had a complaints policy which was in line with NHS requirements. We also noticed that recently, the practice had started to receive more positive comments through the practice's NHS Choices website. Staff we spoke with expressed that patients were responding well to having improved continuity of care with the same GP after a period of locum usage in the past. This feedback was reflected in our comment cards.

## Are services well-led?

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing well-led services. This was because previously, we found that governance arrangements were not always effective and some protocols were not fully embedded. Furthermore, the practice's leadership and accountability structures were not always clear and embedded well enough to provide assurance that improvements were sustainable.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing well-led services.

- During our most recent inspection we saw that lines of accountability were clear. Staff roles were clearly structured and well defined at all levels within the practice.
- Members of the management team highlighted that the practice was going through a positive transitional period. For example, the GP had applied to become a GP partner and recently became owner of the practice premises with a view to move forward with practice refurbishment plans.
- During our most recent inspection we noted that specific processes had been strengthened and better embedded within the practice. This included processes to support the effective

Good



# Summary of findings

management of uncollected prescriptions, the management of practice correspondence and referral letters to and from other health and social care providers and also, local prescribing policies.

- The management team were visible in the practice and staff commented that they were all supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

# 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 home visits and urgent appointments for those with enhanced needs. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- Patients received continuity of care with a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged over 75.
- We noted that targeted audits were used to drive improvements for specific patient groups. For instance, we saw that adherence to local prescribing guidelines and quality standards set by the National Institute for Health and Care Excellence improved the care provided to older female patients who had been diagnosed with a urinary tract infection (UTI).

### People with long term conditions

Good



- We saw evidence that multidisciplinary team meetings took place on a regular basis with regular representation from other health and social care services.
- 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.
- Practice performance for diabetes care was ranked above 50% when compared to local practices under the Dudley Quality Outcomes for Health (DQOFH) framework.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.

### Families, children and young people

Good



- The practice offered urgent access appointments for children, as well as 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 including children and young people who had a high number of A&E attendances.

# Summary of findings

- The practice operated an effective system for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified.
- 2015/16 childhood immunisation rates for the vaccinations were above CCG and national averages. Unverified data provided by the practice on the day of our inspection highlighted that 91% of two year olds and 94% of five year olds had received the full course of recommended vaccines; both areas were above target.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 78%, compared to the CCG average of 77% and national average of 81%. Unverified data provided by the practice on the day of our inspection highlighted that current screening rates for cervical screening was at 81%.

## Working age people (including those recently retired and students)

Good



- Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Tuesday evenings between 6:30pm and 8pm. The practice was also open for appointments on Saturdays between 9:30am and 12pm.
- 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.
- Practice data showed that they had offered smoking cessation advice and support to 125 (5%) of their patients and 80 (64%) had successfully stopped smoking.

## People whose circumstances may make them vulnerable

Good



- There were hearing loop and translation services available. There were some facilities in place for people with a disability and for people with mobility difficulties. However, there was no evidence of any formal equality assessments carried out to determine how patients with a disability and patients with mobility difficulties would access the health promotion service located on the first floor, in the absence of a lift. Shortly after our inspection the provider advised that patients were given the option of being seen on the ground floor or the first floor and that patients with mobility difficulties were seen on the ground floor to avoid having to use the stairs.

# Summary of findings

- All patients on the practices learning disability register had received a health review and there were further reviews planned.
- Vulnerable patients were regularly reviewed and discussed as part of the Multi-disciplinary team (MDT) meetings to support the needs of patients and their families.
- The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.

## **People experiencing poor mental health (including people with dementia)**

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Practice performance for mental health was ranked in the top 25% when compared to local practices under the Dudley Quality Outcomes for Health (DQOFH) framework.
- All patients diagnosed with dementia had been referred to a memory assessment service.
- Patients with complex needs and patients experiencing poor mental health were regularly discussed during MDT meetings. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

Good



# Summary of findings

## What people who use the service say

The practice received 105 responses from the national GP patient survey published in July 2017, 286 surveys were sent out; this was a response rate of 37%. The results highlighted that the practices responses were below local and national averages across some areas of the survey. For example:

- 71% found it easy to get through to this surgery by phone compared to the CCG average of 67% and national average of 71%.
- 70% 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 84%.
- 69% described the overall experience of the practice as good compared to the CCG average of 86% and national average of 85%.

- 48% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 77%.

We spoke with three patients on the day of our inspection, including a member of the patient participation group (PPG). Patients spoke positively about the practice team and told us they were satisfied with the care provided by the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Staff were described as caring and friendly. Most feedback highlighted that appointments were available when needed, however there were a few comments noting that appointment availability was occasionally an issue when wanting to see the GP.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Improve record keeping to support good governance arrangements across areas associated with infection control best practice guidelines.
- Formally assess and manage risk to ensure that patients with a disability and patients with mobility difficulties can safely access all areas of the practice required to suit their care and treatment needs.
- Consider working on areas to improve as identified from patient feedback and the national GP patient survey and assess the effectiveness of improvement as part of a continuous improvement cycle.

# Dudley Partnerships for Health LLP

## 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, a nurse specialist adviser and a second CQC inspector.

## Background to Dudley Partnerships for Health LLP

We inspected Dudley Wood Surgery under its previous practice name of Dudley Partnerships for Health LLP. This is because the practice had notified CQC of their name change which was being processed at the time of our inspection; this name change had taken place approximately three weeks before our inspection date.

Dudley Wood Surgery (formally known as Dudley Partnerships for Health LLP) is a long established practice located in the area of Dudley, in the West Midlands. There are approximately 2,615 patients of various ages registered 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.

Dudley Wood Surgery is overseen by two directors who are based at another practice location within the wider partnership. Within the practice, the GP and the practice manager form the general management team; the GP had

recently applied to become a partner. The GP and the two directors are responsible for the overall leadership of the practice. The clinical team includes a male GP, an advanced nurse practitioner, a practice nurse and a trainee health care assistant. A long term locum GP also supports the practice as part of their Saturday service. The practice is supported by a non-clinical team of four staff members who covered reception, administration, secretarial and cleaning duties.

The practice is open between 8am and 6:30pm during weekdays, with extended hours offered on Tuesdays between 6:30pm and 8pm and the practice is open for appointments on Saturdays between 9:30am and 12pm. During weekdays, appointments are available from 8:30am until 6:30pm and until a later time of 8:30pm on Tuesday evenings during extended opening hours. There is a GP on call between 8am and 8:30am each morning and until 6:30pm each weekday. 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 previously inspected Dudley Partnerships for Health LLP on 12 October 2016. As a result of our inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing effective and well led services. A requirement notice was issued to the provider. This was because we identified a regulatory

# Detailed findings

breach in relation to regulation 17, Good governance. We identified an area where the provider must make improvements and some areas where the provider should make improvements.

We carried out an announced comprehensive inspection at Dudley Partnerships for Health LLP under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, on 19 July 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. The inspection was also 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 provider under the Health and Social Care Act 2008 and associated regulations.

## 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?

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 19 July 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed the practices 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 and any reference to the local quality framework (Dudley Quality Outcomes for Health), this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 12 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services.

### What we found at this inspection in July 2017

#### Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. There were processes in place for formally reporting incidents.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. During our most recent inspection we saw records of six significant events. Records clearly outlined actions taken and lessons learnt in response to significant events. We saw minutes of meetings which highlighted that significant events were discussed with all staff.

We saw that a recent significant event was recorded with regards to a child vaccination error. The error was followed up immediately. We saw that advice was sought from the GP and the hospital paediatric consultant; reassurance was provided to confirm that the error did not harm the patient. We saw that those affected were given reasonable support, truthful information and an apology. To prevent recurrence the practice re-organised their vaccination fridge to ensure vaccinations were clearly identifiable and a notice was also put inside the vaccination fridge to ensure that child and adult vaccinations were clearly separated; this also helped to segregate similar vaccination packaging to avoid further human errors. Nurses were reminded to double check vaccination details when administering vaccines and weekly stock checks were strengthened to make sure all vaccinations were stored in the correct places inside the vaccination fridge. We saw that the practice reflected on this significant event and shared learning during a practice meeting and that the event was reflected on during the partnerships quarterly clinical governance meeting.

#### Overview of safety systems and processes

- The practice had clearly defined and embedded systems in place to keep people safe and safeguarded from abuse. Arrangements were in place to safeguard

adults and children from abuse that reflected relevant legislation. We saw that staff had access to current safeguarding information, resources for patients, policies and access to training material. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- The GP was the lead member of staff for safeguarding. They attended regular safeguarding meetings, as well as meetings with the health visitors. The practice provided reports where necessary for other agencies. Staff we spoke with demonstrated that they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- Safety and medicines alerts were disseminated by the advance nurse practitioner (ANP). There was a system in place to keep a record of alerts and action taken and we saw evidence to support this during our inspection. We discussed examples of recent alerts and we saw that action was taken where necessary. For instance, the practice completed a stock check of their oxygen masks to identify if they needed to take action in relation to a medical device alert pertaining to a manufacturing fault. Although no action was necessary in this instance, records were kept to provide an audit trail.
- We looked at five staff files. The files showed that appropriate recruitment checks had been undertaken prior to employment such as; proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. 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.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the reception team would usually act as chaperones. We saw that DBS checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to demonstrate that the practice and medical equipment was frequently cleaned.

## Are services safe?

However, during our inspection we saw that cleaning products were no longer securely stored. On the day of our inspection staff assured us that these would be moved back to secure storage. Shortly after our inspection took place the practice assured us that the notes were moved to a secure area of the practice in a lockable location.

- 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 an incident. However, during our inspection we were informed that one member of staff at the practice occasionally handled the sharps bins which were used for the safe disposal of needles, we did not see evidence to determine if the practice cleaner had been given the option for vaccinations commonly provided to general practice staff, such as vaccination against Hepatitis B. We saw that other clinical staff had their immunisation status recorded.
- The practice nurse was the infection control lead. There was an infection prevention control protocol in place and we saw records of completed infection control audits however we noted that the audit did not include rooms on the first floor of the practice; a health promotion room was available for patients to access on the first floor. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. The vaccination fridges were secure, vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. We saw calibration records to ensure that clinical equipment was checked and working
- The practice used an electronic prescribing system and prescription stationery was securely stored. All prescriptions were reviewed and signed by a GP before they were given to the patient. There was a system in place to monitor and track prescription stationery. Uncollected prescriptions were checked on a regular basis and that those exceeding a three month period were reviewed by the GP and securely disposed of where needed, with a record made on the patient record system.

- 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. There was a system in place for the prescribing of high risk medicines. We saw that patients prescribed high risk medicines were monitored and reviewed

### Monitoring risks to patients

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.

There was a health and safety policy and the practice had some formal risk assessments in place to monitor specific aspects safety. Risk assessments covered fire risk and we also saw records to show that regular fire alarm test and fire drills had taken place. We saw risk assessments associated with infection control such as the control of substances hazardous to health.

The practice also had a risk assessment in place to assess the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. However, when we viewed the legionella risk assessment we found that no assurance was provided to confirm that the contractor had completed their actions as outlined in the risk assessment. For example, a six monthly action was set for the contractor to inspect, clean and disinfect all cold water tanks; the action plan had not been completed to demonstrate that this had been done. Shortly after our inspection the practice provided an invoice from September 2016 to support the actions carried out by the contractor however it was not clear as to when the actual work was carried out and during our inspection we found that the legionella action plan was not updated to reflect this.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, for example:

## Are services safe?

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- There was a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.
- Records showed that all staff had received training in basic life support. The practice kept emergency medicines, a defibrillator and oxygen with adult and children's masks; these were regularly checked to ensure they were fit for use and records were kept to support this. There was a first aid kit and accident book available.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing effective services. This was because we did not receive assurance from the provider to demonstrate how the practice actively monitored their performance under local quality framework (Dudley Quality Outcomes for Health).

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing effective services.

### What we found at this inspection in June 2017

#### Effective needs assessment

- The practice carried out assessments and treatment 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 identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.
- Practice performance data also highlighted that the practice had some of the lowest attendance rates at accident and emergency (A&E) in the area, specifically the practice had the third lowest A&E attendance rate compared to other practices in the Dudley Clinical Commissioning Group (CCG) area.
- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.

#### Management, monitoring and improving outcomes for people

The practice had signed up to pilot the Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH). This was a local framework which replaced the Quality Outcomes Framework for Dudley practices that opted in to pilot DQOFH from October 2015 and from April 2016. This practice began piloting the framework in October 2015 and

was continuing to actively use the framework at the point of our inspection. The practice used the information collected for DQOFH and national screening programmes to monitor outcomes for patients.

- DQOFH data for July 2017 indicated that 83% of the practices patients with a diagnosis of as severe mental illness had received a cardiovascular disease risk assessment in the last 12 months. Statistically this placed the practice in the top 25% of practices for this specific area of care and performance was in the top threshold of 75% to 100%. Additionally, all patients diagnosed with dementia had been referred to a memory assessment service.

DQOFH data for July 2017 highlighted that the practice was performing below average when compared to other local practices for hypertension and for IFCC-HbA1c recordings of 75mmol/mol or less for patients with diabetes, for example:

- DQOFH data for July 2017 indicated that 56% of the practices patients with hypertension had a blood pressure reading of  $\leq 140/90$  mmHg in the last 12 months. Statistically this highlighted that practice performance was below 25% of the local practices for this specific area of hypertension care under the DQOF framework.
- DQOFH diabetes data for July 2017 indicated that 69% of patients had an IFCC-HbA1c recording of 75mmol/mol or less, 73% of patients had an IFCC-HbA1c recording of 64mmol/mol or less and 78% of patients had an IFCC-HbA1c recording of 59mmol/mol or less. Statistically this highlighted that practice performance was above 50% of the local practices for this specific area of care under the DQOF framework. However, the practice was ranked below 25% of the local practices for IFCC-HbA1c recordings of 75mmol/mol or less.

We discussed this with members of the management team during our inspection, staff assured us that they were focussing on their call and recall systems to improve these areas. Staff also highlighted that patients were being booked in for their hypertension and diabetes reviews and that this was an ongoing piece of work. We saw evidence of an effective call and recall system in place to support this. The practice had also recruited a trainee healthcare assistant (HCA) who was undergoing training as part of their role as a HCA at the time of our inspection. We saw

# Are services effective?

(for example, treatment is effective)

that they had completed external training to carry out blood pressure checks and staff explained that in addition to GPs and nurses, the HCA could carry out blood pressure checks on patients with Hypertension.

- We saw that audits were used to drive improvements to patient care as well to improve systems and processes in the practice. For instance, we saw records of an audit aiming to ensure that all patients prescribed a specific high risk medicine were up to date with therapy and blood monitoring checks and we also saw an antibiotic prescribing audit which focussed on antibiotics prescribed for older female patients with a urinary tract infection (UTI).
- Audits were repeated to monitor improvements and audits were shared during practice meetings and clinical governance meetings across the partnership.
- Records of the first UTI audit cycle showed that a full clinical assessment was not always made before diagnosing a UTI, this highlighted to the GP that quality standards set by the National Institute for Health and Care Excellence (NICE) were not being adhered to consistently (in less than 20% of the cases reviewed). On identifying this, the GP recognised that the local quality template used as an assessment tool on the patient record system did not include a specific area to check for urine cloudiness. The GP shared this with the local clinical commissioning group (CCG) so that the template could be adapted accordingly. The GP improved this by ensuring that urine cloudiness was covered and recorded along with a full clinical assessment before diagnosing a UTI. The repeated audit showed that quality standards set by the NICE were followed in approximately 90% of cases reviewed.
- The first UTI audit also highlighted that local antibiotic prescribing guidelines were followed in 50% of the cases viewed. To improve prescribing, GPs were updated on local prescribing guidelines and better access to guidelines was linked to each clinicians desktop. The repeated audit that local prescribing guidelines were followed in over 95% of cases reviewed.

## Effective staffing

The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, infection control

and confidentiality. Induction programmes were also tailored to reflect the individual. The practice had an induction pack for locum clinicians to use when working at the practice.

Clinicians were up to date with their yearly continuing professional development requirements and had been revalidated. Staff received annual appraisals were supported to attend training courses. We saw that nurses attended study days for 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.

Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a monthly basis. 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.

The practice had 10 patients on their palliative care register. The data provided by the practice highlighted that all of these patients had care plans in place and they were regularly reviewed. 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 99 patients on the practices learning disability register, 100% of their eligible patients had received a health review and there were further reviews planned. These patients were discussed as part of the MDT meetings to support the needs of patients and their families.

The practice had a register of 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.

## Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

We saw evidence to demonstrate that staff had received training in the Mental Capacity Act 2005 and staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. Patients' consent to care and treatment was sought in line with legislation and guidance. 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.

## 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. Patients who may be in need of extra support were identified and supported by the practice.
- The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over.
- 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. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Data provided by the practice showed that they had offered smoking cessation advice and support to 125 (5%) of their patients and 80 (64%) had successfully stopped smoking.
- During our inspection the practice explained that they were in the process of setting up a walking group and were focussing on health promotion and prevention.

The practice operated an effective call and recall system for various patient groups, this included appropriate systems

for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. There was also a policy in place to support this.

- 2015/16 childhood immunisation rates for the vaccinations were above CCG and national averages. For example, the percentage of children up to the age of two who were administered with a pneumococcal conjugate booster vaccine was 100% which was above the national standard of 90%. Additionally, 96% of children aged one had received the full course of recommended vaccines compared to the national standard of 90%.
- Unverified data provided by the practice on the day of our inspection highlighted that 91% of two year olds had received the full course of recommended vaccines.
- Unverified data provided by the practice on the day of our inspection also highlighted that 94% of five year olds had received the full course of recommended vaccines.

The practice actively encouraged patients to attend national screening programmes for bowel, breast and cervical cancer screening:

- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 78%, compared to the CCG average of 77% and national average of 81%. Unverified data provided by the practice on the day of our inspection highlighted that current screening rates for cervical screening were at 81%.
- The practice nurses operated effective failsafe systems for ensuring that test results had been received for every cervical screening sample sent by the practice. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practices breast cancer screening rates as of July 2016 were at 72% compared to the CCG average of 73% and bowel cancer screening rates were at 55% compared to the CCG average of 58% and national average of 57%.

# Are services caring?

## Our findings

At our previous inspection on 12 October 2016, we rated the practice as good for providing caring services. We identified some areas that require improvement when we undertook a follow up inspection on 19 July 2017.

We found that although the most recent national GP patient survey results showed that some improvement had been made, performance remained below local and national averages across most areas in response to questions about care and involvement in decision making. We noted that the practice had worked on an action plan since the previous survey which was published in July 2016. However, there was limited evidence of improvement to patient outcomes when we compared the two surveys.

The practice is now rated as requires improvement for providing caring services.

### What we found at this inspection in June 2017

#### Respect, dignity, compassion and empathy

- 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.
- 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.

We spoke with three patients on the day of our inspection, including a member of the patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected. We received 24 completed CQC comment cards during our inspection. All comment cards were positive about the care provided at the practice.

The latest national GP patient survey was published shortly before this inspection took place and we saw that the

practice had compared their latest survey results and was in the process of updating their action plan to focus on areas for further improvement. The practice received mixed responses to the most recent national GP patient survey which was published in July 2017, for example:

- 76% said the GP was good at listening to them compared to the CCG and national average of 89%. Although results were below local and national averages, this area had slightly improved compared to the survey published in July 2016, where 73% said the GP was good at listening to them.
- 97% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 70% said the GP gave them enough time compared to the CCG average of 87% and national average of 86%. In addition, 97% said the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 93% and national average of 92%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%. This had improved compared to the survey published in July 2016, where 88% said the last nurse they spoke to was good at treating them with care and concern.
- 99% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%. Although results were below local and national averages, this area had slightly improved compared to the survey published in July 2016, where 70% said the GP was good at treating them with care and concern.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

Following our inspection the practice provided further information to demonstrate that they provided a caring

# Are services caring?

service. This included reference to the results of the NHS Family and Friends Test where 90% of the respondents highlighted that they would recommend the service to a friend or a family member. The practice also received a range of positive comments on the NHS Choices web page.

## Care planning and involvement in decisions about care and treatment

During our inspection we looked at the practices action plan which was developed in response to the survey results which were published in July 2016. We saw that to improve how the GPs explained tests and treatments to patients, an action was for written information to actively be provided to patients as part of their consultation and treatment so that they had information to take away which reiterated and detailed areas covered with the GP during their appointments.

- Previously, 69% of patients 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%.
- Most recent survey results showed that although performance was below local and national averages, improvement had been made as 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- In addition, 93% said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 91% and national average of 90%.

The practices action plan highlighted that GP consultations were reflected on in relation to the 2016 survey results for involving patients in decisions about their care. These were reflected on to make improvement and a notice was displayed in reception encouraging patients to ask if they had any queries about tests, treatments and decision making.

- Previously, 64% 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%.

- Previously, 69% of patients 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%.
- Most recent survey results showed that although some improvement had been made, performance remained below local and national averages as 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 91% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 91%.

## Patient and carer support to cope emotionally with care and treatment

- There were 74 patients in total on the practices register for carers; this was 3% of the practices overall list. The practice offered annual reviews and flu vaccinations for anyone who was a carer. There was a carers corner in place at the practice which provided supportive information to support carers, carers also had the option to take information away.
- Notices in the patient waiting room told patients how to access a support groups and organisations. The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.
- The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.
- Staff told us that if families had suffered bereavement, the GP contacted them and the practice also sent sympathy cards to families. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 12 October 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

### What we found at this inspection in June 2017

#### Responding to and meeting people's needs

- 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 also utilised text messaging appointment reminders to remind patients of their appointments.
- The practice offered extended hours on Tuesday evenings between 6:30pm and 8pm. Additionally, the practice was open for appointments on Saturdays between 9:30am and 12pm.
- 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. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.

There were hearing loop and translation services available. There were some facilities in place for people with disabilities and for people with mobility difficulties. The practice recently started to utilise a clinical room on the first floor as a health promotion room, this room could be used for basic health checks and for patients to access a range of health promotional material and educational information. We saw that patients would need to use the stairs if they wished to access this room and there was no evidence of any formal equality assessments carried out to determine how patients with mobility difficulties would access the health promotion room in the absence of a lift. Shortly after our inspection the provider advised that patients were given the option of being seen on the ground floor or the first floor and that patients with mobility difficulties were seen on the ground floor to avoid having to use the stairs. The provider also submitted evidence of a

notice on display in the waiting area informing patients about the health promotion room, the notice also guided patients to speak to staff if they required support in accessing the room.

Although patients could book appointments online and practice information was available through the practice's NHS Choices webpage, we noted that the practice did not have their own website. Members of the management team highlighted that they were looking in to website options as part of their future plans, the team was in the early stages of this and no formal plans were in place at the time of our inspection.

#### Access to the service

The practice was open from 8am to 6:30pm during weekdays and appointments ran from 9am to 6pm. Extended hours were offered on Tuesday evenings between 6:30pm and 8pm, the practice also opened for appointments on Saturdays between 9:30am and 12pm. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available for people that needed them.

The patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to the service provided. Most feedback highlighted that appointments were available when needed, however there were a few comments noting that appointment availability was occasionally an issue when wanted to see the GP.

Results from the national GP patient survey published in July 2017 highlighted mixed responses in relation to access and some areas which had improved when compared with the previous survey from 2016, for example:

- 71% of patients found it easy to get through to this surgery by phone compared to the CCG average of 67% and national average of 71%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%. This had improved compared to the survey published in July 2016, where 61% of patients were satisfied with the practice's opening hours. Staff explained that they focussed on this as an area to improve on by offering extended hours including new Saturday appointments.

# Are services responsive to people's needs?

(for example, to feedback?)

During our inspection we looked at the practices action plan which was developed in response to the survey results which were published in July 2016. We saw that to improve processes for making appointments increased access was offered by adding an extra clinical session, an extra evening session and by starting to train a healthcare assistant. The practice was also encouraging patients to book appointments online.

- Survey results from July 2017 indicated that 52% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%. On the day of our inspection we noted that the practice had set a goal to achieve a 30% online registration target by December 2017. Staff expressed that more use of online facilities could help to improve access and ease any telephone traffic. Additionally, the practice was planning to move to a new telephone system in order to help improve telephone access and to allow for effective monitoring.
- 59% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG of 65% and national average of 64%.
- 46% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 61% and national average of 58%.

We discussed appointment times with members of the management team during our inspection:

- Staff explained that they were focussing on improving their booking system so that appointment times were allocated based on need. For instance, allocated appointment slots were offered for patients with long term conditions, learning disabilities or complex needs.
- Conversations with clinicians highlighted that they were also being mindful not to rush their time with patients and that they were monitoring their time keeping to make improvements where possible.
- The practice was in the process of developing a specific in-house survey to further monitor appointment duration and appointment waiting times.
- Additionally, we noted that the latest national GP patient survey was published shortly before this

inspection took place. The practice had compared their latest survey results and was in the process of updating their action plan to focus on areas for further improvement.

- Patients we spoke with during our inspections and comments cards indicated that clinicians often took time to explain care and treatment options so that patients did not feel rushed during their appointments.
- We also noticed that recently, the practice had started to receive more positive comments through the practices NHS Choices website. Staff we spoke with expressed that patients were responding well to have better continuity of care with the same GP after a period of locum usage in the past. This feedback was reflected in our comment cards and results from the practices NHS Family and Friends Test where 85% of the respondents highlighted that they would recommend the service to family and friends.

## Listening and learning from concerns and complaints

- 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 leaflet also guided patients to contact the practice manager to discuss complaints.
- We saw a summary of three complaints which were received since October 2016. This included verbal and written complaints. Most of the complaints had been investigated, responded to and closed in a timely manner; there was one recent complaint which was due to be fully investigated in line with the practices complaint policy. We also looked at one of the complaint records and found that it had been satisfactorily handled and responses demonstrated openness and transparency.
- Minutes of practice meetings indicated that staff shared learning and monitored themes from complaints during the meetings.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing well-led services. This was because previously, we found that governance arrangements were not always effective and some protocols were not fully embedded, this was reflected across areas such as managing uncollected prescriptions. Furthermore, the practice's leadership and accountability structures were not always clear and embedded well enough to provide assurance that improvements were sustainable.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing well-led services.

### What we found at this inspection in June 2017

#### Vision and strategy

The practice had a clear vision to provide patients with high quality care that is safe, effective, caring, responsive and well led. Throughout our inspection staff spoke positively about working at the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Members of the management team highlighted that the practice was going through a positive transitional period with the GP applying to become a GP partner, a trainee healthcare assistant in post to support the nursing team and a new practice manager who had recently joined the practice bringing new ideas and helping to streamline processes.

The practice had plans to refurbish the premises and they achieved successful funding through a premises refurbishment programme. Additionally, the GP became the premises owner for the practice since our last inspection in 2016; the GP was confident that this would support the practice to move in a positive direction in terms of refurbishment plans. Part of the refurbishment plans included a purpose build treatment room on the first floor which we saw during our inspection, this was developed with a view to offer a minor surgery service from September 2017.

#### Governance arrangements

Practice specific policies were effectively embedded and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet system. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

During our most recent inspection we noted that specific processes had been strengthened and better embedded within the practice. This included processes to support the effective management of uncollected prescriptions, the management of practice correspondence and referral letters to and from other health and social care providers and also, local prescribing policies. We also found that processes such as prescription management were regularly audited and discussed during practice meetings.

#### Leadership, openness and transparency

During our most recent inspection we saw that lines of accountability were clear. Staff roles were clearly structured and well defined at all levels within the practice. The partnership was managed by two directors who were based at another location outside of the practice's locality. The GP and the practice manager formed the on-site day to day management team and the two directors were responsible for the overall leadership of the practice. The management team were visible in the practice and staff commented that they were all supportive and approachable.

Staff we spoke with were aware of their responsibilities, as well as the responsibilities of their colleagues. Overall, we noted that leadership and organisational structures were well defined.

All members of the management team explained that they encouraged a culture of openness and honesty. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice held a range of regular meetings, meetings were governed by agendas which staff could contribute to, we saw that minutes were clearly documented and actions were recorded and monitored at each meeting.

# Are services well-led?

Good 

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

Meetings included monthly practice meetings, monthly clinical meetings with the nursing team and the GP, monthly multidisciplinary meetings and informal fortnightly general management meetings.

The practice manager, GP and members of the nursing team also attended joint quarterly clinical governance meetings with managers and clinicians from the wider partnership organisation. We saw that topics such as significant events, safeguarding, infection control and clinical audits were discussed during these meetings. We also saw that practices CQC inspection history had been discussed during these meetings to share learning on a wider scale across the partnership. For instance, improved processes for managing uncollected prescriptions were shared across the partnership.

The GP attended local education events and the practice manager often engaged with local practices by attending

monthly Dudley Practice Manager Alliance (DPMA) meetings. The practice nurse was able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

The practice valued feedback from patients, the public and staff. The practice had a patient participation group (PPG) met on a quarterly basis and the group consisted of eight members. We spoke with a member of the PPG as part of our inspection. Conversations with staff and the PPG indicated that the practice was trying to encourage more members to join. We saw posters on display to support this during our inspection. The PPG member highlighted that the group had been included in conversations about the direction of the practice, including the practice name change and feedback on providing a minor surgery service in the future.