

Drs Askey and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Askey and Partners on 13 November 2015. Overall the practice is rated as good.

Specifically, we found the practice to require improvement for providing safe services. We found the practice to be rated good for providing effective, caring, responsive and well led services.

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

- Staff understood and fulfilled their responsibilities to raise safety concerns, and to report incidents and near misses. Risks to patients were assessed and managed, with the exception of the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on

We saw an area of outstanding practice:

- A GP at the practice had a local and national lead role in diabetes care. There was evidence that their leadership had a positive impact on the management, treatment and outcomes for diabetes across the Clinical Commissioning Group (CCG) and this was

Summary of findings

improving outcomes for patients. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The areas where the provider must make improvement are:

- Operate effective recruitment procedures and ensure that the information required under current legislation is available in respect of all staff employed to work at the practice. This must include Disclosure and Barring Service (DBS) checks for clinical staff. Undertake risk assessments when appointing staff with a Disclosure and Barring Service (DBS) check from a previous employer and non clinical staff who do not have a DBS check in place which considers risk such as if the staff member is left unattended with patients.

The areas where the provider should make improvement are:

- Members of staff who undertake a chaperone role should develop the competencies required for the role.
- Ensure a clear audit trail is kept for paper prescriptions taken for home visits
- Consider how they effectively monitor and record staff training and recruitment information so that information is easily accessible and can be acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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 there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and positive outcomes for patients.
- The practice was proactive in the management of patients with diabetes. A GP at the practice had a lead role in diabetes within the CCG and nationally, with evidence that their role had a positive impact on the management and treatment of diabetes across the CCG.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of staff appraisals.
- The system in place to monitor and record staff training and recruitment information was not effective as information was not easily accessible.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. For example in the management and treatment of patients with diabetes.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was aware that access to appointments was an area for improvement and was actively trying to address the issue.
- 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 that 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.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality

Good



Summary of findings

and identify risks. However, not all risks had not been assessed and managed. This included the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place.

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- A GP at the practice had a local and national lead role in diabetes care. There was evidence that their role had a positive impact on the management and treatment of diabetes across the Clinical Commissioning Group (CCG) and this was improving outcomes for patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and provided a range of enhanced services, for example, in dementia and end of life care
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was proactive in the management of patients with diabetes.
- Data showed that the practice was in line or above national averages for indicators relating to diabetes.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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 in line or above CCG averages.

Good



Summary of findings

- The practice provided recent data which showed that the practice's uptake for cervical screening was currently 90% which was higher than the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were joint working with midwives and health visitors and systems in place to share information.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided smoking cessation advice, cervical screening and NHS health checks for people aged 40 to 74 years.
- There were extended opening hours on Tuesday mornings and Wednesday evening which would benefit working patients.
- The practice had implemented the electronic prescription service with local community pharmacists which would benefit patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and poor mental health.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 91.5 % of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was mostly performing in line or above local and national averages. 314 survey forms were distributed and 120 were returned. This was a response rate of 38.2%. For example:

- 59% with a preferred GP usually got to see or speak to that GP compared to a CCG and national average of 60%.
- 90.5% said the last appointment they got was convenient compared to a CCG average of 92% and a national average of 91.8%.
- 70.5% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 69.7% and a national average of 64.8%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82.8% and a national average of 85%.

However, the practice was below local and national averages in the following areas:

- 61.5% described their experience of making an appointment as good compared to a CCG and national average of 73%.

- 54% found it easy to get through to this surgery by phone compared to a CCG average of 75.5% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients described a good service and staff who were caring, helpful and took time to listen and explain their health needs. Patients told us that they received the care and treatment they needed in a timely manner. However, three comment cards included feedback about difficulty seeing their preferred GP and one comment card stated it could be difficult to obtain a routine appointment.

We spoke with 10 patients during the inspection and one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However, three patients said that there could be difficulty obtaining routine appointments.

Areas for improvement

Action the service MUST take to improve

- Operate effective recruitment procedures and ensure that the information required under current legislation is available in respect of all staff employed to work at the practice. This must include Disclosure and Barring Service (DBS) checks for clinical staff. Undertake risk assessments when appointing staff with a Disclosure and Barring Service (DBS) check from a previous employer and non clinical staff who do not have a DBS check in place which considers risk such as if the staff member is left unattended with patients.

Action the service SHOULD take to improve

- Members of staff who undertake a chaperone role should develop the competencies required for the role.
- Ensure a clear audit trail is kept for paper prescriptions taken for home visits
- Consider how they effectively monitor and record staff training and recruitment information so that information is easily accessible and can be acted on.

Outstanding practice

- A GP at the practice had a local and national lead role in diabetes care. There was evidence that their

leadership had a positive impact on the management, treatment and outcomes for diabetes across the

Summary of findings

Clinical Commissioning Group (CCG) and this was improving outcomes for patients. A CCG is an NHS

organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Drs Askey and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience. This is a person who has personal experience of using this type of service or cares for someone who does.

Background to Drs Askey and Partners

Drs Askey and Partners is also known as St John's Medical Centre and is based in a purpose built premises. The practice has approximately 10400 patients registered.

The practice has four GP partners and two salaried GPs (three male, three female), three practice nurses, an advanced nurse practitioner (ANP), two health care assistants and a practice manager. They are supported by a team of administrative/ reception staff.

The practice is a training practice for GP trainees (fully qualified doctors who wish to become general practitioners) and a teaching practice for medical students. At the time of the inspection there were two trainees and one medical student.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as extended hours access, childhood vaccination and immunisation schemes and minor surgery. Enhanced services require an enhanced

level of service provision above what is normally required under the core GP contract. Two of the GPs at the practice undertook regular clinics jointly with staff from a local substance misuse service to support and treat people with substance misuse and alcohol addictions.

The practice is an 'Any qualified provider' (AQP) for diabetes, anti-coagulation and minor surgery services. This enabled both patients registered at the practice and patients registered elsewhere to receive these services at the practice.

The practice opening times are Mondays to Fridays from 8.30am to 6pm. The practice provides an extended hours service on Tuesday mornings when it is open from 7.15am to 8am and Wednesdays when it is open from 6.30pm to 7.45pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by 'Primecare' which is the external out of hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a mid-range deprivation score. Data also showed that the practice has a slightly higher than average practice population aged 65 years and over in comparison to other practices nationally.

The practice achieved 99.1% points for the Quality and Outcomes Framework (QOF) for the financial year 2013-2014. This was higher than the national average of 94.2%. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

At the time of the inspection one of the GP partners had not registered with the Care Quality Commission (CQC).

Detailed findings

Although the practice had informed us of them joining the partnership an application had not been submitted. We discussed this with the senior GP partner and the practice manager who assured us this would be completed.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 November 2015. During our visit we:

- Spoke with a range of staff (GPs, trainee GP, a practice nurse, a health care assistant, reception/ administrative staff and the practice manager).

- We spoke with patients who used the service and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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.

- There were four significant events that had occurred during the last 12 months. We reviewed records of these and saw this system was followed appropriately.
- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. There were three monthly significant events meetings where these were analysed in detail.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a patient had been administered a vaccine outside the Department of Health target group licenced for children of this age, appropriate action was taken. This included informing the medicine management team at the Clinical Commissioning Group (CCG), alerting the patients carers and increasing staff awareness of the relevant guidelines. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were arrangements in place to share information and discuss safeguarding concerns about children with the health visitors. There was a system to highlight vulnerable

patients on the practice's electronic records. We saw evidence that some staff had received safeguarding training such as the GPs and nurses but were unable to verify whether all staff had received training as the system for recording staff training were not well maintained. However, non clinical staff spoken with told us that they were up to date with training and demonstrated that they were aware of their roles and responsibilities.

- A notice in the waiting room advised patients that chaperones were available if required. Nurses would act as chaperones although they had not received any formal training to undertake this role. All staff who acted as chaperones had received a disclosure and barring check (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 observed the premises to be clean and tidy. There were cleaning records for equipment used such as the ear irrigation machine and spirometer. However, there were no cleaning records for equipment used on a daily basis such as the blood pressure machine. Cleaning schedules were in place for the general environment which included the consulting rooms. The practice nurse was the infection control clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. An infection control audit had been completed in April 2015 by a NHS Trust commissioned by the CCG, the practice had achieved an overall score of 94%. We saw evidence that necessary actions had been taken to address any improvements identified. The practice had a policy to ensure disposable and fabric curtains were replaced or deep cleaned regularly. We saw that some consulting rooms had disposable curtains which were dated so it was clear when they had been changed. However, some consulting room had fabric curtains which were visibly clean but there were no records to confirm when they had been last deep cleaned. The practice manager assured us that this had been completed within the last six months and we saw evidence that discussions were in place to have only disposable curtains. We saw that some staff had received infection control training, there was a staff attendance list for infection control training completed at the practice in March 2015.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. However, the system for recording paper prescriptions such as those taken for home visits was not robust. Not all GPs spoken with were aware that the serial numbers should be recorded and the log book for recording was empty. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines or vaccinations in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed seven staff files, this included clinical and non clinical staff including recently employed staff and a locum GP. In the files of three clinical staff we found that some of the appropriate recruitment checks had been undertaken prior to employment. For example, references, details of registration with the appropriate professional body and the checks through the DBS. All relevant checks for the locum GP had been obtained. However, we found there was no consistency in the information contained in the files, information was not in an organised format and not easily accessible and there were gaps in the recruitment process. A nurse employed within the last year had a DBS check from a previous employer and this had not been risk assessed. A GP and one nurse did not have a DBS check in their file although the GP was on the NHS performers list. GPs providing clinical care in general practice must be on the NHS performers list and a DBS check is undertaken as part of the process. The practice manager confirmed that both the GP and the nurse did have a DBS check which they had viewed but had not stored a copy in their file. Non clinical staff did not have a DBS check or written risk assessments in place to assess for example, if the staff would be left unattended with patients. The practice had a recruitment policy however, this lacked detail for example, it did not state what checks would be undertaken prior to employment.

Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice manager told us the premises was a low risk area for legionella which is a bacteria which can contaminate water systems in buildings.
- 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. The practice had experienced challenges with staffing levels due to staff retiring or moving away from the area. However, the practice had appointed new staff to address the shortfalls which included a new GP partner, HCA and practice nurse.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- There was oxygen and a defibrillator for the treatment of cardiac arrest (where the heart stops beating)
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment

- The practice had systems in place to keep all clinical staff up to date which included discussions at weekly educational meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For example, guidance for the anti-coagulation and diabetes.
- Staff described how they carried out assessments which covered health needs and was in line with national and local guidelines. They explained how care and treatment was planned to meet identified needs. They described reviewing patients at required intervals to ensure their treatment remained effective.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The practice proactively reviewed its QOF figures and recalled patients when necessary for reviews. There were allocated staff members responsible for overseeing QOF and a team approach to the management of patients with long term conditions which ensured a high QOF score. The published data from 2013/14 showed that the practice had achieved 99.1% of the total number of QOF points available with a 3.1% exception reporting. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed that the practice was in line or above the national average for a number of QOF indicators, for example:

- Performance for diabetes related indicator for foot examinations was 93.2% which was higher than the national average of 88.3%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months was satisfactory, was 77.6% which was similar to the national average of 78.5%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.2% which was higher than the national average of 83.1%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91.5% which was higher than the national average of 83.8%.

Clinical audits demonstrated quality improvement.

- The practice was proactive in completing clinical audits that demonstrated improvements to patient outcomes. The GPs had a genuine interest and a positive attitude towards completing clinical audits and there had been six clinical audits in the last 12 months. These included audits on minor surgery, referrals and medication audits.

We saw evidence of audits where improvements were implemented and monitored. For example:

- An audit had been completed on patients on warfarin (blood thinning medication) looking at anti-coagulation monitoring. The audit showed very good outcomes for patients, this the GP who undertook the audit had personal oversight of the warfarin clinic.
- Another audit completed by one of the GPs, looked at the treatment of patients with diabetes. This involved prescribing patients with diabetes a new alternative injectable medication (GLP1 injectable) instead of insulin (approved by NICE). The practice had a large population of patients with diabetes, many of whom were obese and may not be well controlled on traditional diabetes treatments. The audit demonstrated positive outcomes in weight loss and blood sugar reduction.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- There was a good skill mix of staff which included a number of established administrative staff, an advanced nurse practitioner, three nurses and two health care assistants. There were four GP partners and two salaried GPs.
- The practice had an induction programme for newly appointed non-clinical members of staff including locum GPs which included training to be undertaken. There were induction checklists which covered details such as policies and procedures.
- The systems for recording staff training were not well maintained. Training records were in place but had not been updated to reflect all training that staff had received and not all training certificates were readily available. It was therefore difficult to verify whether all staff had received training and were up to date. However, our discussion with staff suggested that they had received training relevant to their roles and we saw some evidence to support this. For example, staff had received training in infection control, basic life support and safeguarding. We saw that nurses had received training updates relevant to their role such as childhood immunisations, travel health and cervical cytology. The health care assistant had received training in areas such as taking bloods and NHS health checks.
- The learning needs of staff were identified through a system of appraisals.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- The GP partners in the practice had specialist interests and utilised their knowledge and skills in practice to improve outcomes for patients. For example, one of the GPs had a diploma in minor surgery and was the practice lead. Another GP had completed masters in diabetes and ran the national programme for diabetes and was the practice and CCG lead.

- Staff had various lead roles within the practice to support the management of patients' care and treatment. These included QOF, safeguarding and complaints.
- There were regular practice staff and clinical meetings that provided the opportunity to share important information with staff. The minutes showed that these meetings covered a number of areas including significant events and complaints. External speakers such as a cardiologist were invited to clinical meetings to support learning and development for staff including trainee GPs and medical students and ensure best practice were being followed.
- There was training and support provided to the GP trainees to support their professional development and protected learning time for all staff.

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 people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice implemented 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. This included three monthly multidisciplinary meetings to discuss the care and support needs of patients and their families.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw that following an assessment of a patient's capacity to consent to treatment a meeting was held to ensure any decisions were made in their best interest.

Health promotion and prevention.

Patients who may be in need of extra support were identified by the practice. These included patients who may be in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking, family planning and sexual health.

The practice had a display monitor with health promotion information. There was also various health information displayed for example, the importance of flu vaccination and support services for bereavement and carers. The practice had a machine (BMI) in the patient waiting area which enabled patients to check their own weight, height and blood pressure which was funded by the practice. The practice had monitored its use through an audit and found that in the first six weeks 300 patients had used the

machine. There were plans to ensure that patients' results from the machine could also be automatically uploaded onto the patients' electronic records so that they could be monitored and acted on.

The practice had a comprehensive screening programme. The practice provided recent data which showed that the practice's uptake for the cervical screening test was currently 90% which was higher than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Findings were audited to ensure good practice was being followed.

Childhood immunisation rates were in line or above CCG averages. For example, childhood immunisation rates for the vaccinations given to under one year olds were 97.4%, for two year olds ranged from 88% to 98% and five year olds from 98.4% to 100% these were mostly similar to the CCG averages. Flu vaccination rates for patients over 65 years was 72.3%; this was similar to the national average of 73.2%. Flu vaccination for at risk groups was 52.9%, this was similar to the national average of 52.2%.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed. There was a private area at the reception desk for patients to speak in confidence and they could also offer them a private room to discuss their needs.

All of the 20 CQC comment cards we received were positive about the service experienced. Patients said staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients during the inspection and one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performance was mostly similar to local and national averages in relation to consultations with the GPs and nurses. For example:

- 89.5% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 86.3% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 91.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.2% and national average of 95.2%.

- 82.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85.1%.
- 90.5% said the last nurse they spoke with was good at listening to them compared to the CCG average of 91.6% and national average of 91%.
- 90.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.6% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

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

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. The practice performance was mostly similar to local and national averages in relation to consultations with the GPs and nurses. For example:

- 84.9% said the last GP they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 84.4% and national average of 86%.
- 75.1% said the last GP they saw or spoke with was good at involving them in decisions about their care compared to the CCG average of 78.3% and national average of 81.4%.
- 91% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.
- 84.7% 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 85.9% and national average of 84.8%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and there were 202 patients on the practices

Are services caring?

carers register. The practice had a 'carers corner' and written information was available on a notice board to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to

find a support service. The practice provided patients with a bereavement information leaflet which included information on how they could access support services. The palliative care team also offered bereavement support to families of patients on the GSF register and patients could be referred for counselling undertaken at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Services were planned and delivered to take into account the needs of different patient groups and provide flexibility, choice and continuity of care, for example:
- There were two pharmacists who provided support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in Walsall to have pharmacy support to ensure safe and appropriate prescribing of medications and increase efficiency in repeat prescribing. The role of the pharmacists included undertaking regular medication audits with the practice to ensure prescribing was in line with best practice and reviewing patients on high risk medicines and those with complex needs.
- Systems to review and recall patients with long term conditions such as asthma and coronary heart disease (CHD).
- The practice was an 'Any qualified provider' (AQP) for diabetes, anti-coagulation and minor surgery services. This enabled both patients registered at the practice and patients registered elsewhere to receive diabetes services usually undertaken in secondary care services at the practice.
- The practice offered an in-house phlebotomy (blood sampling) service and minor surgery for example joint injections.
- Longer appointments were available for patients with a learning disability and long term conditions. There were annual health checks for patients with a learning disability and those with mental health needs.
- Home visits were available for older patients / patients who would benefit from these. The nurse practitioner also visited housebound patients for their chronic disease reviews and seasonal influenza vaccinations.
- Urgent access appointments were available on the same day for children, the elderly and patients who were vulnerable.
- There was a 'walk in' clinic five days a week where patients could be seen without an appointment.

- There were accessible facilities such as designated disabled parking spaces and toilets. However, the first set of doors to the building were not automatic, although there was a call button there was no signage to inform patients that they could call for assistance. There was a hearing loop to assist patients who used hearing aids.
- There were extended opening hours on Tuesday mornings and Wednesday evening which would benefit working patients and patients could book appointments and order repeat prescriptions on line. The practice had implemented the electronic prescription service with local community pharmacists which would benefit patients unable to visit the practice during the main part of the day. For example, patients who worked during these hours.
- The practice had a patient participation group (PPG). There were approximately 16 members and we spoke with one member during the inspection. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. There was evidence from minutes of meetings and discussion with the members that the PPG was trying to generate interest, engage with patients and act on feedback.

Access to the service

The practice opening times were Mondays to Fridays from 8.30am to 6pm. The practice provides an extended hours service on Tuesday mornings when it was open from 7.15am to 8am and Wednesdays when it was open from 6.30pm to 7.45pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance. There was also a walk in surgery every day where patients could be seen without an appointment including urgent access appointment. The walk in surgery operated Mondays to Fridays from 8.30am to 11.30am and 3.30pm to 5.45pm. Patients could book/cancel appointments and order repeat prescriptions online. There were telephone consultations available with GPs. Patients received a text reminder for their appointments and they could also cancel their appointment by text messaging.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive

Are services responsive to people's needs?

(for example, to feedback?)

about the standard of care received. However, three CQC comment cards included feedback about difficulty seeing their preferred GP and one comment card stated it could be difficult to obtain a routine appointment.

We spoke with 10 patients during the inspection and one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients said that they were happy with the care they received. However, three patients commented about difficulty obtaining routine appointments.

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

- 26% patients said they usually waited 15 minutes or less after their appointment time compared to a CCG of 24% and national average of 27%.
- 90.5% said the last appointment they got was convenient compared to a CCG average of 92% and national average of 91.8%.
- 65.7% said they don't normally have to wait too long to be seen compared to the CCG average of 59% and national average of 57.7%.

The practice was below local and national averages in the following areas

- 61.5% described their experience of making an appointment as good compared to a CCG and national average of 73%.

54% found it easy to get through to this surgery by phone compared to a CCG average of 75.5% and a national average of 73%

However, we saw evidence that the practice was trying to address the issues. This included an audit on access to appointments. The practice had also piloted a patient triaging system which was not popular with patients. They then implemented a walk in surgery, increased telephone consultations, upgraded the self-check in system and introduced the Patient Partner system (automated telephone booking system). There were plans in place to upgrade the telephone system.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. The practice had received seven complaints in the last 12 months and we saw examples that demonstrated these were satisfactorily handled, there was a system in place to ensure that any themes and trends could be identified. Complaints were discussed with staff during staff meetings to ensure learning and reflection.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice mission statement was included as part of the staff manual. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the vision.

We saw an area of outstanding practice that supported the practice's vision and aspirations. A GP at the practice had a local and national lead role in diabetes care. There was evidence that their role had a positive impact on the management and treatment of diabetes and this was improving outcomes for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks had not been assessed and managed such as the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place.
- The GP partners at the practice attended meetings with the local Clinical Commissioning Group (CCG). This ensured they were up to date with any changes, one of the GP partners was a CCG board member. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

- The practice was part of a local GP Federation. The aim of the federation was to improve collaborative working with local GP practices and stakeholders in developing services for the local population as well as providing training and support to staff across member practices.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology and we saw an example of this where that had been a medication error.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG

Are services well-led?

Good 

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

which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had developed its own patient survey which was distributed to patients to obtain feedback. Actions taken as a result of patient feedback included ensuring confidentiality in the patient waiting area and looking at ways to improve access for patients

- The practice had also gathered feedback generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, one of the GPs was the CCG lead for diabetes and one of four local clinical leads for a Quality Improvement (QI) project. This project was run between the Royal College of General Practitioners (RCGP) and the National Diabetes Audit. The QI project aimed to improve care for patients

with diabetes. Improvements made as result of the QI project involved the GP successfully engaging with six practices within Walsall CCG to improve diabetes care. This included practices that had consistently been seen as poorly performing in diabetes as measured by the QOF. Since the start of the project one practice had completely reorganised its care for patients with diabetes. For example, patients were recalled four to five times a year for blood tests rather than having a comprehensive annual review clinic. Two other practices had increased the number of screening. The GP had also joined a programme run collaboratively between the West Midlands Academic Health Science Network and Health Education West Midlands which aimed to make a difference for people with diabetes. A contribution made by the GP to the programme ensured that a risk indicator for diabetes (ACR screening) continued within practices in the CCG although it had been removed from the QOF target. The GP devised an EMIS (clinical system) prompt. This prompt reminded clinicians when screening was due, with further prompts for appropriate coding, treatment and monitoring. For the current financial year 2015-2016 the GP had supported practices to increase ACR screening from approximately 56% to over 90%.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not operate effective recruitment procedures and ensure that the information required under current legislation is available in respect of all staff employed to work at the practice including a Disclosure and Barring Service (DBS) check for clinical staff. This was in breach of Regulation 19(1) (3) (a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.