

Dr Dawes, Foster and Narasimhan

Quality Report

Ridgeway Surgery
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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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Dawes, Foster and Narasimhan	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ridgeway Surgery on 17 May 2016. Overall the practice is rated as good.

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

- There were comprehensive records in place to support the practices arrangements for identifying, recording and managing risks. The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- We observed the premises to be visibly clean and tidy. The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- Throughout our inspection we noticed a strong theme of positive feedback from staff. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a systematic approach to working with other organisations to improve patient care and outcomes. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had a clear vision which had quality and safety as its top priority. We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and improvements to patient care and treatment.
- All patients who were registered with the practice had a named GP and patients could access appointments and services in a way and at a time that suited them.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- The practice was proactive in identifying and managing significant events. There were robust systems in place to monitor safety. These included systems for reporting incidents, near misses and national patient safety alerts, as well as comments and complaints received from patients.
- We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. One of the GPs was the lead member of staff for safeguarding; the GP was also the safeguarding lead for the local clinical commissioning group. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- There were adequate arrangements in place to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance. One of the GPs was the integrated care lead within the clinical commissioning group. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw records to demonstrate that all staff at the practice had completed training which covered key principles of the Mental Capacity Act.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Results from the national GP patient survey published in January 2016 showed that patients were happy with how they were treated and that this was with compassion, dignity and respect.
- There was a practice register of all people who were carers and 1% of the practice list had been identified as carers. To improve this, the practice had liaised with the Dudley Carers Network to coach staff on how to identify carers. We saw that the practice had developed a carer's board in one of the waiting rooms to encourage carers to seek support from the practice as well as local support services. The practice offered flu vaccines and annual reviews for anyone who was a carer.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- There were longer appointments available for vulnerable patients, for patients 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.
- The practice also used social media as a communication tool to promote and advertise some of the practices services. We saw that social media web pages were kept up to date and monitored regularly by the practice manager and IT lead.

Good



Are services well-led?

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

Good



Summary of findings

- Throughout our inspection we noticed a strong theme of positive feedback from staff. Staff spoken with demonstrated a commitment to providing a high quality service that reflected the practices vision.
- The practice encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- There were comprehensive records in place to support the practices arrangements for identifying, recording and managing risks. There was a systematic approach to working with other organisations to improve patient care and outcomes.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group which influenced practice development.

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 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu vaccines were also offered to patients at home, who could not attend the surgery.
- The practice provided care to a number of patients across six local care and nursing homes. The GPs conducted regular ward round visits to these patients and the nurses regularly visited patients to carry out flu vaccinations. and for specific care needs such as diabetes checks for older patients who could not attend the practice.

People with long term conditions

Good



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

- The practice offered a range of clinical services which included care for long term conditions.
- Performance for overall diabetes related indicators was 95%, compared to the CCG average of 88% and national average of 89%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%. Staff we spoke with highlighted that they had approximately 1915 patients with hypertension; this was approximately 20% of the practices list size.

Families, children and young people

Good



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

Summary of findings

- 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.
- Childhood immunisation rates for under two year olds ranged from 93% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 96% to 99% compared to the CCG average of 93% to 98%.
- The practice offered urgent access appointments for children.
- The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Working age people (including those recently retired and students)

Good



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

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. The practice offered a range of clinical services which included minor surgery, family planning, in-house Electrocardiograms (ECGs), travel and well person clinics.
- Practice data highlighted that 2183 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 940 (43%) had successfully stopped smoking.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients. The practice offered text messaging reminders for appointments to remind patients of their appointments in advance.
- The practice offered extended hours on Mondays until 7:30pm and on Tuesday mornings from 7am. The practice nurses also offered nurse services during these times for those who could not attend the practice during core hours.

People whose circumstances may make them vulnerable

Good



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

Summary of findings

- The practice offered longer appointments for patients with a learning disability. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.
- There were 27 patients on the practices learning disability register, most of these patients had care plans in place and 98% had received a face to face review in a 12 month period. The practice also had a range of supportive information which was carefully designed in easy to read formats for patients with a learning disability.
- There was a register which contained 52 patients from vulnerable groups, including patients with drug or alcohol dependency these patients were frequently reviewed in the practice and 85% had received a review in a 12 month period.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good



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

- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. The data provided by the practice highlighted that 79% of their eligible patients had care plans in place. These patients were regularly reviewed and 87% had received a medication review in a 12 month period with ongoing reviews planned.
- The practice also had a range of supportive information available for patients with dementia as well as carers and family members; we saw a wide range of examples which sign posted patients to various support groups.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. Data provided by the practice highlighted that they had 83 patients on the

Summary of findings

mental health register. The report also highlighted that 91% of these patients had care plans in place, these patients were regularly reviewed and 86% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

Summary of findings

What people who use the service say

The practice received 107 responses from the national GP patient survey published in January 2016, 242 surveys were sent out; this was a response rate of 44%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 96% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 92% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with 11 patients during our inspection including seven members of the patient participation group (PPG). Service users completed 31 CQC comment cards. Patients and the comment card gave positive feedback with regards to the service provided.

Dr Dawes, Foster and Narasimhan

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Dawes, Foster and Narasimhan

Dr Dawes, Foster and Narasimhan are based at Ridgeway surgery which is a long established practice located in the Sedgley area of Dudley. There are approximately 9635 patients of various ages registered and cared for at the practice. Ridgeway surgery is a three partner training practice encompassing trainee doctors. During our inspection there was one GP in training at the practice.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three GP partners, two salaried GPs, three practice nurses and an assistant practitioner. The GP partners and the practice manager form the practice management team and they are supported an office manager, an IT manager and team of seven staff members who cover IT, secretarial, administration and reception duties.

The practice is open for appointments between 8:30am and 6:30pm during weekdays. There is a GP on call in the morning between 8am and 8:30am. The practice offers extended hours on Mondays until 8pm and on Tuesday mornings from 7am. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

Detailed findings

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

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

The inspection team:-

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

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 17 May 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

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

Are services safe?

Our findings

Safe track record and learning

The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns. There was a system in place for reporting incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

We reviewed records of nine significant events that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a fridge incident which highlighted a near break in the cold chain; for the appropriate storage and management of vaccines. Discussions with staff and the significant event record highlighted how the practice acted promptly and appropriately to take remedial action straight away. Public Health England were notified of the incident and the practice acted on advice by having the fridge serviced, staff were also able to transfer vaccines with immediate effect to one of the other vaccine fridges in the practice. Following on from the incident the practice purchased additional data loggers which helped by checking fridge temperatures every hour. We also saw that the practice manager conducted a risk assessment in relation to the cold chain and that the significant event, learning and actions were discussed with staff during practice meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The practice had a comprehensive list of policies and resources which were easily accessible to staff through hard copies and on the practice's intranet system. We saw that the resources outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One of the GPs was the lead member of staff for safeguarding; the GP was also the safeguarding lead for the local clinical commissioning group. The GP attended regular safeguarding meetings and the practice provided reports where necessary for other agencies.
- Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken, alerts were also discussed during practice meetings. We discussed examples of recent alerts with member's clinical team and we saw how alerts were acted on effectively. For example, patients using mobile testing equipment to monitor specific blood levels were contacted by the practice and given guidance in relation to a medical device alert.
- We viewed five staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- Staff explained that on the rare occasions when locums were used this was done through a locum agency and the practice opted for regular locums who were familiar with the practice and patients, for good continuity of care. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the nursing team would provide a chaperoning service if available, if nurses were seeing patients there were named members of the reception team who would act as chaperones. We saw that disclosure and barring checks were in place for all members of staff, including those who chaperoned and all chaperones had received chaperone training.
- One of the practice nurses was the infection control clinical lead who regularly liaised with the local infection prevention team to keep up to date with best practice. Staff had received up to date infection control training. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.

Are services safe?

- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and there was a system in place to track and monitor the use of the prescription pads used for home visits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England. The practice operated a travel clinic and occasionally provided Yellow Fever vaccines. We checked records from the National Travel Health Network and Centre (NaTHNaC) which confirmed that they were appropriately licensed to do this.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- 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. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patients' and staff safety, for example:

- There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place.
- We also saw records of a comprehensive practice risk assessment conducted by the Medical Protection Society (MPS) which resulted in a range of practice improvements including a reduction in paper-based processes and streamlining methods of communication through the use of IT and electronic tasks. A locum induction pack and supporting policy was also introduced, as well as strengthening the process for minoring high risk medicines such as methotrexate. We saw how the process had been amended with supporting prompts on the practices record system to ensure that clinicians were conducting a range of checks and applying relevant codes to the system; where monitoring had taken place in secondary care.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice. 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 and staff we spoke with were aware of how to access the plan.

Are services safe?

- The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure areas of the practice and staff we spoke with knew of their location. The medicines we checked were all in

date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored. There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

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. Current results from 2014/15 were 98% of the total number of points available, with 5% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%. Staff we spoke with highlighted that they had approximately 1915 patients with hypertension; this was approximately 20% of the practices list size.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. Data provided by the practice highlighted that they had 83 patients on the mental health register. The report also highlighted that

91% of these patients had care plans in place, these patients were regularly reviewed and 86% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 94 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 79% of their eligible patients had care plans in place. These patients were regularly reviewed and 87% had received a medication review in a 12 month period with ongoing reviews planned. The practice also had a range of supportive information available for patients with dementia as well as carers and family members, we saw a wide range of examples which signposted patients to various support groups.
- Staff we spoke with highlighted that they had approximately 594 patients with diabetes; this was approximately 6% of the practices list size. Performance for overall diabetes related indicators was 95%, compared to the CCG average of 88% and national average of 89%.

The practice shared records of five clinical audits; these included prescribing audits, audits on infection rates and consent for minor surgery and a completed palliative care and end of life audit.

The audit record for palliative care and end of life highlighted how the practices palliative care lead regularly reviewed records pertaining to patients who had passed away, including how and where the death had occurred and whether they were on the appropriate practice register. The process highlighted how the lead had identified gaps in clinical coding and opportunities to improve the quality of care provided. As a result of this, the palliative care lead completed an audit to work on specific areas for improvement.

The first audit was conducted in April 2014 where a total of 66 patient cases were reviewed in line with the recommended audit criteria. Audit findings highlighted that 28 patient cases (42%) were not appropriately coded on the practices system. The audit record also detailed disease categories and gave a summary to demonstrate that the practice had reviewed place of death and any orders to avoid resuscitation (DNR, do not resuscitate orders). A

Are services effective?

(for example, treatment is effective)

do-not-resuscitate order, or DNR order, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating. The audit highlighted how 12 cases were not listed on the appropriate practice register. Had they been included, then the register for the gold standards framework (GSF) would have increased to 66 (60%). Actions identified from the first audit cycle included the need to improve coding, better identification of patients nearing end of life and adding these patients to the relevant register to provide better structured care.

The audit was repeated to complete the audit cycle in April 2015. A total of 89 patient cases were reviewed in line with the recommended audit criteria. Audit findings highlighted that coding had improved with a reduction to 3 patient cases (3%) which were appropriately managed but not coded on the practices system. The audit highlighted how on this occasion there were potentially 19 cases which were not listed on the appropriate practice register. The conclusion highlighted a range of improvements across end of life care, with evidence of better care planning with contributions made by a variety of healthcare professionals and as part of the practices multi-disciplinary and palliative care meetings. Actions identified from the second audit cycle included the need to further improve the identification of patients nearing end of life and adding these patients to the relevant register to provide better structured care. Audit records also highlighted that findings were discussed during practice and multi-disciplinary meetings.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including diabetes care, minor surgery, obesity care and chronic disease management.
- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.

- The practice had supported staff members through a variety of training courses. For example, the practice nurse had completed a diploma in diabetes and nurses were supported to attend studies days, such as updates on immunisations and study days with the local tissue viability team. Members of the reception and administration team had also been supported to attend internal and external training courses, in addition to in-house training staff made use of e-learning training modules. The practice manager was also able to regularly engage with other practice managers through attendance at the Dudley practice manager alliance (DPMA) meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. Two members of the nursing team were also practice nurse mentors and regularly engaged with nurse educators and supported student nurses in the local area.

Coordinating patient care and information sharing

There was a systematic approach to working with other organisations to improve patient care and outcomes. 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. One of the GPs was the integrated care lead within the clinical commissioning group. The GP had supported the development of setting up regular multi-disciplinary (MDT) meetings within the practices locality, this included wide representation from other health and social care services who frequently attended MDT meetings across local practices. Therefore, we saw that a regular programme of meetings with the multi-disciplinary team took place at the practice and the minutes of meetings were well governed to support that joint working took place. 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

Are services effective?

(for example, treatment is effective)

needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

- The practice had 81 patients on their palliative care register. The data provided by the practice highlighted that 93% of these patients had a care plan in place and 98% of the eligible patients had received a medication review in a 12 month period. We saw that the practice's palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. All patients on the palliative care register had received a face to face review in the last 12 months.
- There were 27 patients on the practice's learning disability register, most of these patients had care plans in place and 63% of the eligible patients had received a medication review in a 12 month period. These patients were frequently reviewed in the practice also and 98% had received a face to face review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. The practice also had a range of supportive information which was carefully designed in easy to read formats for patients with a learning disability. The practice had signed up to join a local learning disability programme; we saw a comprehensive communication pack which was put together by the group. Information included guidance for cancer screening, health promotion information, mental capacity and best interest's referral and signpost information to a range of support services.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of

the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 70 year olds was 79% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 60% compared to the CCG and national averages of 58%.
- Practice data highlighted that 2183 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 940 (43%) had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 93% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 96% to 99% compared to the CCG average of 93% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were

Are services effective? (for example, treatment is effective)

identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a calm and friendly atmosphere throughout the practice during our inspection. We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The two waiting rooms were situated away from the reception desk; this reduced the risk of conversations being overheard at the reception desk. We saw that waiting areas were visible to reception so they were able to monitor and act accordingly if patients appeared distressed in the waiting room.

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

We spoke with 11 patients on the day of our inspection including seven members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring. We received 31 completed CQC comment cards, all cards contained positive comments. Comments described an efficient service and staff were described as helpful, caring and respectful.

Results from the national GP patient survey (published in January 2016) showed patients were mostly happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 98% said the GP was good at listening to them compared to the CCG average and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average and national average of 89%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

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. Completed comment cards also highlighted how staff often took the time to listen to patients, to answer questions and to carefully explain tests and treatments.

Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG national average of 86%.
- 82% 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%.

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. Practice data highlighted that 52 patients were on the register, these patients were frequently reviewed in the practice and 85% had received a review in a 12 month period.

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. There were 88 patients on the practice register for carers; this was 1% of the practice list. Members of the management team explained this was an area that they were continuing to work on as they recognised the

Are services caring?

importance of identifying carers to ensure they were offered the support they needed. Some of the work included liaising with the Dudley Cares Network to coach staff on how to identify carers. We saw that the practice had developed a carer's board in one of the waiting rooms to encourage carers to seek support from the practice as well as local support services. The practice offered flu vaccines and annual reviews for anyone who was a carer. The practice had also developed a survey specifically for their registered carers; the survey was due to be rolled out at the point of our inspection.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the

family's needs and by giving them advice on how to find a support service. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings 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 offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations with a GP at times to suit patients and text messaging appointment reminders were utilised to remind patients of their appointments in advance.
- The practice also used social media as a communication tool to promote and advertise some of the practices services. We saw that social media web pages were kept up to date and monitored regularly by the practice manager and IT lead.
- The practice offered extended hours on Mondays until 7:30pm and on Tuesday mornings from 7am. The practice nurses also offered nurse services during Tuesday morning extended hours, for those who could not attend the practice during core hours.
- There were disabled facilities, hearing loop and translation services available.
- The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of formats including practice leaflets in easy to read formats.

- The practice offered a range of clinical services which included minor surgery, chronic disease care and travel clinics.
- The practice provided care to approximately 59 patients across six local care and nursing homes. The GPs conducted regular ward round visits to these patients and the nurses regularly visited patients to carry out flu vaccinations and for specific care needs such as diabetes checks.

Access to the service

The practice was open for appointments between 8:30am and 6:30pm during weekdays. There was a GP on call in the morning between 8am and 8:30am. The practice offered extended hours on Mondays until 8pm and on Tuesday mornings from 7am. The practice nurses also offered nurse services during Tuesday morning extended hours, for those who could not attend the practice during core hours. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 highlighted mostly responses with regards to access to the service:

- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 82% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 62% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 64% and a national average of 65%.
- 59% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The patients we spoke with during our inspection and the completed comment card gave positive feedback with regards to the service provided. Patients commented that if

Are services responsive to people's needs?

(for example, to feedback?)

appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. 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. There was a range of information available in reception which sign posted patients to internal and external NHS complaints procedures. Information also advised patients that they could speak

with the practice manager if they had any concerns or complaints. The practice website and leaflet also guided patients to contact the practice manager to discuss complaints.

The practice continually reviewed complaints to detect themes or trends. The practice shared records of the nine complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. We saw that learning from complaints was regularly discussed during practice meetings and themes were also reviewed as part of the practice's annual significant event review. Examples of shared learning included reminders to staff on listening skills and appropriate bedside manner when speaking to patients.

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 practices vision was to provide patients with high quality and safe care and a professional service to patients at all times. We spoke with 11 members of staff during our inspection, all of which spoke positively about working at the practice. We saw that the practice had a set of aims and objectives as part of the overall vision, these included working in partnership with patients and other agencies and to continually improve as a learning organisation. Throughout our inspection we noticed a strong theme of positive feedback from staff. Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the culture at the practice and were proud to be a part of the practice team.

In November 2015 the practice became accredited to participate in clinical research in conjunction with the University of Birmingham. The practice had also expressed interest in participating four clinical research projects, we saw that one of the future projects was developed to focus on the accuracy of home blood pressure monitoring devices. The practice had also taken part in a study which focussed on the impact of taking blood pressure medication during different times in the day; the practice was in the initial stages of inviting patients to take part in the study.

Governance arrangements

- There was a clear staffing structure with supporting organisation charts in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including end of life care and a lead for diabetes, as well as non-clinical leads in IT and office management.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.

- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practices intranet system. Throughout the day we noticed how staff were familiar with many policies and that staff could easily access them on the practices intranet.
- There were comprehensive records in place to support the practices arrangements for identifying, recording and managing risks. Governance and performance management arrangements were proactively reviewed and reflected best practice.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The management team worked closely together and they shared an inspiring shared purpose to motivate and encourage staff to succeed. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that they were aware of the practice's open door policy; staff said they were confident in raising concerns and suggesting improvements openly with one another.

The practice had a regular programme of practice meetings; these included weekly management meetings, monthly nurse meetings and regular admin and reception meetings. Meetings were governed by agendas which staff could contribute to. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, practice audits, safety alerts and NICE guidelines were regularly discussed.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an active patient participation group (PPG) which influenced practice development. The PPG met as a group approximately every other month, with regular attendance by practice staff. The PPG consisted of 13 members including a PPG chair. We spoke with seven members of the PPG as part of our inspection. The practice shared a range of minutes and PPG event information to demonstrate how the group had been involved in

Are services well-led?

Good 

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

supporting the practice to hold a number of health promotion events with guest speakers from a range of support services and health organisations such as the local Healthwatch and stop smoking services. The PPG were actively involved in a number of projects and positive changes within the practice. Examples included improvements to the seating area in one of the waiting rooms; such as having a chair with arms available for extra

comfort and support. The PPG also helped the practice to advertise opening times to ensure patients were aware of when and how to access appointments and we saw that bookmarks had been designed by the PPG as promotional reminders. The PPG also discussed future project plans which included a project to reinstate the dementia suite at a nearby local health clinic.