

Penn Manor Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Penn Manor Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Penn Manor Medical Centre on 5 May 2015. A total of three breaches of legal requirements were found. After the comprehensive inspection, the practice was rated as requires improvement overall.

We issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Penn Manor Medical Centre on our website at www.cqc.org.uk

We undertook an announced comprehensive inspection on 28 September 2016 to check that the practice now met legal requirements.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed. The practice had improved its process ensure appropriate recruitment checks had been completed.
- Ongoing audits were driving improvement in performance to improve patient outcomes.
- Patients' needs were assessed and care was planned, and best practice guidance was followed. Staff had received training appropriate to their roles.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us that they were able to get appointments when they needed them, however patients also told us when they contacted the practice they could not get an appointment with their preferred GP. Telephone consultations were offered however patients were not happy and felt that these were offered instead of appointments at the practice.

Summary of findings

- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There was one area where the provider should make improvements:

- Ensure that all reception and administration staff receive safeguarding training in the protection of vulnerable adults.
- Consider pro-actively identifying carers and establishing what support they need.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Systems were in place to discuss and review actions from past significant events to support improvement.
- Staff were aware of the signs of abuse in older people, vulnerable adults and children and were clear about their responsibilities.
- Patient Group Directions were in place to support nurses to administer medicines to groups of patients without individual prescriptions and had been signed by the GP and nurses.
- The practice had improved its systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice and maintained records to confirm this. For example, recruitment systems had improved to ensure that the necessary employment checks had been obtained before staff started their employment.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the overall achievement of 95% of the available points was above average compared to the locality average of 92% and the same as the national average.
- Staff referred to guidance from National Institute for Health and Care Excellence and changes were implemented where appropriate.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Clinical audits demonstrated quality improvement. Evidence demonstrated that clinical audits were taking place and the results shared with the clinical staff team.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. A training matrix was in place to demonstrate that staff had received up to date training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published in July 2016 showed patients rated the practice similar to 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 staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice carers register was small and only represented 0.3% of the practice population, which was significantly lower than the expected percentage of one percent.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice operated a telephone triage system for the majority of GP appointments. Some patients were unhappy with the system. Patients felt it was taking over from face to face appointments; they were rarely able to see or speak to their preferred GP, which affected continuity of care. The practice was aware of this and was actively trying to address patients' concerns. Urgent appointments were available the same day.
- Patients were concerned that they could not always get through to the practice on the telephone. The practice was aware of this and was actively trying to address patients' concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system and evidence, which demonstrated that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- The practice 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 it.
- 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 and identify risk.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered personalised care to meet the needs of the older people in its population. Home visits and flexible appointments were available for older patients.
- Patients aged 75 years plus were offered annual health checks, allocated a named GP and were included on the practice hospital admission avoidance register.
- The practice maintained a register of housebound older patients and older patients who required a home visit.
- Older patients were offered urgent appointments. Patients with enhanced needs were offered longer appointments which gave them more time to discuss health issues with a clinician.

Good



People with long term conditions

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

- The GPs, advanced nurse practitioner, practice nurses and healthcare assistants had lead roles in chronic disease management.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice Quality and Outcomes Framework (QOF) score for the care of patients with long-term conditions was comparable to the local and national average. For example the practice performance for diabetes related clinical indicators overall was slightly lower than the local Clinical Commissioning Group and England average (80% compared to the local average of 82% and England average of 89%).
- Longer appointments and home visits were available when needed.
- Patients with long term conditions were offered a structured annual review to check that their health and medication needs were being met.

Good



Families, children and young people

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

Good



Summary of findings

- Immunisation rates were higher than the local and national averages for all standard childhood immunisations.
- Breastfeeding and baby changing facilities were available at the practice and mothers had access to a breast feeding support and advice worker.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% was higher than the local Clinical Commissioning Group (CCG) average of 78% although lower than the England average of 82%.
- Protected daily appointments were available for children of all ages. Urgent appointments and appointments outside of school hours were also available for children.
- We saw positive examples of joint working with other professionals.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs of this age group.
- The practice offered extended hours four evenings a week.
- The practice offered face to face late appointments for workers.
- The practice was proactive in offering online services which included making online prescription and appointment requests.

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 enabled all patients to access their GP services.
- The practice held a register of patients with a learning disability and had developed individual care plans for each patient, carried out annual health checks and offered longer appointments to this group of patients.
- Staff knew how to recognise signs of abuse in vulnerable patients and were aware of how to progress their concerns with the relevant agencies.

Good



Summary of findings

- The practice was alerted to other patients whose circumstances may make them vulnerable or may present a risk to ensure that they were registered with the practice if appropriate.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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).

- The practice worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice maintained a register of patients diagnosed with dementia
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 89% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing similar to the local and national averages in several areas. A total of 256 surveys (2.2% of patient list) were sent out and 110 (43%) responses, which is equivalent to 1% of the patient list, were returned. Results indicated the practice performance was higher than or similar to other practices in some aspects of care. For example:

- 75% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 87% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 83% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 75% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).
- 90% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were mostly positive about patient experiences at the practice. Patients said that the service

was very good and that staff were professional, attentive to patients' needs, polite and helpful. Comments in three of the cards included concerns about access to appointments, consultations at times were not long enough and patients felt rushed. Patients also highlighted concerns about telephone appointments which they felt were given in preference to face to face appointments. We spoke with six patients on the day of our inspection. All six patients overall felt that they received good treatment, were listened to and treated with respect. However three of the patients expressed concerns about the telephone consultation system and felt it was used in preference to making an appointment with a GP at the practice.

The practice monitored the results of the friends and family test monthly. The results for November 2015 to August 2016 showed that 38 responses had been completed and of these, 23 (60%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment, nine (24%) patients were likely to recommend the practice and four (10%) were extremely unlikely to recommend the practice. The remaining results showed that one (2.6%) patient was neither likely or unlikely to recommend the practice and one (2.6%) patient stated that they did not know if they would recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received. Patients raised mixed comments about the availability of appointments and the attitude of receptionists.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that all reception and administration staff receive safeguarding training in the protection of vulnerable adults.
- Consider pro-actively identifying carers and establishing what support they need.

Penn Manor Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and an expert by experience.

Background to Penn Manor Medical Practice

Penn Manor Medical Practice is located in Penn, a suburb of Wolverhampton in the West Midlands. The practice was situated on the ground and first floors of the building, with services for patients on the ground floor. At the time of our inspection, there were approximately 11,519 patients of all ages registered at the practice. The practice has a higher proportion of patients aged 40 years and above than the expected national average.

The practice team consists of three GP partners and a salaried GP, two male and two female. An advanced nurse practitioner, a nurse practitioner, a practice clinical pharmacist, four practice nurses and three health care assistants currently support the GPs. Clinical staff are supported by a practice manager, and a team of 15 reception and administrative staff, including medical secretaries. In total there are 29 staff employed either full or part time hours to meet the needs of patients. The practice is a training practice for GP registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The practice is open between 8.30am and 6.30pm Monday to Friday, with extended hours between 6.30pm and 7pm every evening except Friday. Telephone calls for

emergencies only are answered between 8am and 8.30am. The practice operates a telephone triage system for all GP partner appointments. Patients are initially provided with a telephone consultation and a decision made as to whether the patient needs a face to face consultation. Telephone and face to face consultations are available from 8.30am until 6.30pm.

The practice has a General Medical Services contract with NHS England to provide medical services to its registered patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the care of patients with a learning disability. The practice is located in one of the less deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a lower practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 13% is lower than the national average of 20%. The level of income deprivation affecting older people is also lower than the national average (15% compared to 16%).

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 September 2016.

During our visit we:

- Spoke with a range of staff including the GPs, a practice nurse, a healthcare assistant, practice manager, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

During our previous inspection in May 2015, we found that care and treatment was not being provided in a safe way for patients. This was because:

- Systems were not in place to discuss and review actions from past significant events to support improvement.
- Staff were unclear about their responsibilities related to the abuse of older people, vulnerable adults and children.
- Not all Patient Group Directives (PGDs) to support nurses to administer medicines to groups of patients without individual prescriptions were up to date and signed by both the GP and nursing staff.
- There was no evidence to support that the necessary employment checks had been obtained before staff started their employment and appropriate evidence kept on file.
- The practice had limited systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice did not have a risk log in place and had not completed any of their own risk assessments.

This resulted in the practice being rated as inadequate for providing safe services.

Safe track record and learning

Following our previous inspection improvements had been made to the process for recording, investigating and learning from incidents that may affect patients' safety. The practice manager followed a template format to record all significant events. The format supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice manager, practice pharmacist and GPs received medicine and safety alerts. There was evidence that appropriate systems were in place to demonstrate they were acted on.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were

discussed. The records identified an action plan and learning outcomes which were shared with staff and other stakeholders where appropriate. The practice had recorded 20 significant events that had occurred over the past 12 months. There were a number of events where requests for patient referral to other health professionals had not been processed by the practice in a timely way. Records showed that these incidents were investigated by the practice. The practice reviewed its procedures for checking the contents of patient letters with the administration staff and GPs. The practice also had a data management team led by the practice manager. The team met weekly to discuss missed letters and all queries were recorded and included details of proposed action to be taken. We saw evidence that lessons were shared and appropriate action was taken to maintain the safety of patients.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements 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. Clinical staff attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs, practice nurses and the healthcare assistants were trained to child safeguarding level 3 and level 2 for adults. The practice routinely reviewed and monitored children who did not attend appointments and maintained a list of children who were included on the child protection register. Suspected safeguarding concerns were shared with health visitors and midwives linked to the practice and other relevant professionals.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment that included gloves, aprons and hand cleaning gels were easily accessible throughout the practice. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs. Appropriate clinical waste disposal contracts were in place. There was an infection control policy in place and following the last inspection in December 2015 staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the practice pharmacist who was also an independent prescriber, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found that all PGDs were up to date and had been signed by a designated GP and all the practice nurses. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice had systems for ensuring that medicines were stored in line with manufacturer's guidance and legislative requirements. This included daily checks to ensure medicines were kept within a temperature range that ensured they were effective for use.
- The practice had systems in place for the prescribing and monitoring of high risk medicines. There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored. Blood test results were accessible by the practice electronically and these were recorded signed by the GPs to confirm that they had checked the results. The results were then added to individual patients records. The practice had ensured that patients taking four or medicines had received a review of their treatment.
- We reviewed four personnel files and found that there was evidence that qualification and had been completed for the practice nurses and GPs. We saw that all necessary recruitment checks had been undertaken prior to employment. The practice had also ensured that appropriate checks had been completed through the Disclosure and Barring Service (DBS) for staff. Risk assessments had been completed where the decision had been made to not undertake a DBS check on some administration staff. However the content of these were not sufficiently detailed to clearly demonstrate the reason and mitigating measures to support this decision. We were reassured that this would be addressed. The practice manager provided evidence following the inspection to confirm that this had been completed. The practice used GP locums to support the clinicians and meet the needs of patients at the practice. The practice obtained sufficient and appropriate information such as DBS checks and confirmation of the locum GPs right to work in the United Kingdom. This information was used to confirm that locum staff were suitable to work with patients at the practice.

Monitoring risks to patients

Risks to patients were 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 with a poster in the reception area which identified the health and safety representative. The practice had completed 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 implemented a risk assessment log which included details of risk assessments specific to the practice. These included lone working, wet flooring and coping with stress at work. The practice had other risk assessments in place to monitor safety of the premises

Are services safe?

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium 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 and staff with appropriate skills were on duty. The practice used locum GPs to help meet the needs of patients at times of GP absence such as annual leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents, which included:

- An instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of the plan were kept off site.
- All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were available, 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 stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

During our previous inspection in May 2015, we found that care and treatment was not being provided in an effective way for patients. This was because:

- There was limited evidence to support that clinical audits were taking place or the results shared amongst the clinical staff team.
- Staff appraisals had not been carried out during the past two years and the practice did not have a structured system to identify what training staff had received or when it was due for updating.
- Not all staff understood the Mental Capacity Act 2005 and implications for their practice.

This resulted in the practice being rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GP partners could clearly outline the rationale for their approach to treatment. The practice used electronic care plan templates based on NICE guidance. Examples of these were seen and included templates for asthma and dementia. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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 reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 95% of the total number points available for 2014-2015 which was higher than the local Clinical Commissioning Group (CCG) average of 92% and the same as the national average of 95%. The practice clinical exception rate of 0% was lower than the CCG average of 7.5% and national average of 9.2%. Clinical

exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2014-2015 showed:

- The practice performance in four of the five diabetes related indicators was lower than the local CCG and England averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 70% compared with the CCG average of 72% and England average of 77%). The practice exception reporting rate of 0% was lower than the local average of 8.9% and the England average of 11.7%.
- Performance for the percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 91%. This was the same as the local CCG average and higher than the England average of 90%. COPD is the a collection of lung diseases. The practice exception reporting rate of 0% was lower than the local average of 6.8% and national average of 11.1%.
- Performance for mental health related indicators was higher than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in the preceding 12 months was 89% compared to the local CCG average and England of 88%. The practice clinical exception rate of 0% for this clinical area was lower than the local CCG average of 8.7% and the England average of 12.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was lower than the local CCG average and England averages (78% compared with the CCG average of 82% and England average of 84%). The practice clinical exception rate of 0% for this clinical area was lower than the local CCG average of 7.7% and the England average of 8.3%.

The practice had performed well overall when compared to the local CCG and England averages. The clinical area where the practice had performed lowest overall was related to care of patients with diabetes. The practice

Are services effective?

(for example, treatment is effective)

maintained a register of 690 patients diagnosed with diabetes. Current QOF data for 2016/17 showed that improvements were made in all of the diabetes clinical areas and the practice had performed higher than the local CCG and England averages. For example;

- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patient's average blood sugar level had been over a period of time had increased from 70% to 82% (CCG average 75%, England average 78%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months had increased from 68% to 92%

The practice had employed a clinical pharmacist to support the review of the care and treatment of patients with long-term conditions. The practice maintained registers of all patients with a chronic disease such as asthma and chronic heart disease. The patients on these registers were closely monitored and the responsibility for QOF performance monitoring was shared between practice staff. We saw that the CCG benchmarked the practice against other practices in the locality. The GPs attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed.

The practice had implemented a programme of clinical audits to facilitate quality improvement. We saw that 14 clinical audits had been carried out over the last 18 months. One of the audits looked at whether patients prescribed an anticoagulant medicine (medicines that make the blood take longer to clot) that could have an adverse effect on their kidney function had blood tests completed every 12 months. The first audit carried out in December 2015 identified 53 eligible patients. Following a review of all 53 patients six patients had the dose of the medicine they received decreased because of impaired renal function. In the second cycle of the audit completed in May 2016 there were 68 patients prescribed an anticoagulant medicine. The patients were reviewed and test results for nine of the patients showed reduced renal function. Appropriate action was taken to reduce the dose of the medicine. The findings were shared with all clinical staff. The second audit showed similar results to the first

audit and the practice determined that regular ongoing searches would have to be completed. A protocol was added to the clinical system to ensure staff were made aware that the tests were needed.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff, which included GP trainees, locum GPs and non-clinical staff. The induction programme covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Following the inspection in May 2015 the practice ensured that the learning needs of staff were identified through a system of appraisals, meetings and reviews of their individual development needs. All staff had had an appraisal within the last 12 months.
- The practice nurses and GPs had all completed clinical specific training updates and competency assessments to support annual appraisals and revalidation. Clinical staff had special interests in for example, child health, mental health and minor surgery. Staff had received training to support the review of these patients and those with other long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence.
- There was a training matrix in place which showed training completed by staff and the date an update was due. Following the inspection in May 2015 the practice ensured that staff received training on equality and diversity. The training matrix showed that clinical staff had received training in safeguarding of children and adults. Further information in the matrix showed that administration staff had completed safeguarding training of children but not adults. Training completed by all staff included fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice for GP Registrars, medical students and offered placements for Foundation Doctors. GP Registrars are qualified doctors who undertake additional training to gain experience

Are services effective?

(for example, treatment is effective)

and higher qualifications in general practice and family medicine. The foundation programme provides junior doctors with the required medical knowledge and skills through a structured, supervised programme of workplace-based learning.

- There were sufficient staff to meet the needs of patients within the practice. The practice used locum GPs and nurses to provide cover for holiday leave and other planned absences.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice provided a service to 269 older people living in 16 local care homes. We spoke with the managers of three care homes who told us that they were generally happy with the service they received from the practice and that practice staff were warm and friendly. The managers confirmed that weekly ward rounds to review the care patients had taken place. Although one of the managers told us that at times the ward rounds were rushed the overall feedback from all three was that, their concerns were acted on quickly and in a timely manner.

The practice worked with other health and social care professionals such as hospital consultants, the local hospice, Macmillan team, community matron and district nurses. This ensured the ongoing care and treatment of its patients were appropriately assessed when patients moved between services and or after they were discharged from hospital. The practice maintained a register of patients at high risk of admission to hospital. All these patients had an active care plan in place, which had been completed with the patient, and their family and other health and social care professionals involved in their care. The practice had a register of 53 patients with palliative care needs. Monthly multidisciplinary meetings were held to discuss their care needs and update their plan of care. The practice had a positive working relationship with the health visiting team and child family services. Monthly informal meetings were held with the health visitor to discuss any issues with children registered at the practice.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on weight management, smoking and alcohol cessation. Staff from the community healthy lifestyles team carried out clinics at the practice. There were exercise facilities for patients at the practice which were managed by the healthy lifestyle team. The team provided patients with information on healthy living related to diet, lifestyle and exercise.

Patients had access to appropriate health assessments and checks. The practice offered health checks to new patients and patients aged 40 to 74 years and had completed health checks on 86% of patients aged over 45 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 80% which was higher than the local CCG average of 78% and the England average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of female patients screened for breast cancer was comparable to the local CCG and England average. The data for breast and bowel cancer screening showed that the number of patients screened was also comparable to the England averages.

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

Travel vaccinations and foreign travel advice was offered to patients. Childhood immunisations and influenza vaccinations were available in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for childhood immunisations was higher than the local CCG average for example, immunisation rates for:

- under two years of age ranged from 98% to 100%, (CCG average 95% to 97%),

- children aged two to five 95% to 97%, (CCG average 93% to 96%)
- children aged five year olds from 93% to 96%, (CCG average 89% to 94%)

The practice worked with the health visitors and local child health services to follow up children who did not attend for their immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A notice in the waiting area asked patients to respect patients privacy when talking at the reception desk by standing a distance away if there was a queue.

All of the twelve patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and 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. The practice was in the process of setting up a patient participation group (PPG) and we spoke with two potential members. 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 was mostly similar to the local clinical commissioning group (CCG) and England averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 93% and the national average of 95%

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 81% and the national average of 85%.
- 88% of patients said the nurse was good at listening to them compared to the local CCG average of 91% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared to the local CCG average of 96% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 88% national average of 91%).

The patient responses for satisfaction with the receptionists at the practice were higher than the local and national averages. The results showed that:

- 90% of the patients who responded said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

- 89% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 89% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%)
- 79% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Patients told us they were encouraged to be involved in making decisions about the care and treatment they

Are services caring?

received. They also told us they received good treatment, felt listened to and treated with respect and supported by staff. However although the feedback we received from patients' was mostly positive, comments in three of the comments cards we received highlighted concerns that consultations at times were not long enough and patients felt rushed.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language and the practice had access to interpreters when needed. We saw notices in the reception areas informing patients this service was available. Information leaflets and notices were available in easy read format and in different languages. A braille translation service can be offered to patients who were visually impaired.

Patient and carer support to cope emotionally with care and treatment

The practice had 36 patients over the age of 18 years on its practice carers register. This represented 0.3% of the practice population. This was significantly under the expected minimum of 1%. The practice was actively reviewing its patient registers to identify patients who may

have a carer supporting their care needs. There were notices and leaflets displayed in the waiting room and a carers pack that provided patients with appropriate information on the support and services provided both at the practice and in the local community. The practice offered carers longer appointments, health checks and the flu vaccination.

All patients identified as receiving end of life care were visited weekly co-ordinated by the practice. Systems were in place to notify staff if patients had suffered a bereavement. Staff followed set procedures when notified of a patient's death to ensure that all referrals and appointments were cancelled. Booklets on how to cope with bereavement were provided for patients when they collected the death certificate. Each GP decided whether they wished to see patients' families following a bereavement, which was usually at the time the death certificate was collected. Patients told us that they felt supported at difficult times and felt positive about the care and support they received to cope with their bereavement. Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of bereavement, and counselling support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our previous inspection in May 2015, we found that care and treatment was not being provided in a responsive way for patients. This was because:

- The availability of translation and interpreter services was not promoted within the practice, on the website or in the practice brochure.
- The practice did not have a system to review complaints annually to detect themes or trends and did not discuss and review actions from past complaints to ensure learning had taken place.

This resulted in the practice being rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups. For example:

- The practice had a list of 86 patients who experienced poor mental health. A lead GP managed the care of patients and referred patients to primary care health services where appropriate. The practice had a designated lead nurse who monitored and reviewed the care of 104 patients diagnosed with dementia.
- There were 61 patients with a learning disability registered at the practice and longer appointments were offered to help meet their needs.
- The practice offered extended hours four days each week for patients with work commitments or who were unable attend the practice during routine opening hours. The practice also offered online access to making appointments and ordering repeat prescriptions. Text messages were sent to remind patients about appointments.
- Patients were able to receive travel vaccinations available on the NHS and vaccines only available privately.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- There were longer appointments for older people and patients with long-term conditions. Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Breastfeeding and baby changing facilities were available at the practice and mothers had access to a breast feeding support and advice worker.
- Facilities for patients with mobility difficulties included access via a ramp at the main entrance to the practice. Accessible toilet facilities were available for all patients attending the practice with suitable adaptations in place. There was a hearing loop system available for patients with a hearing impairment and access to the Braille translation service for patients with visual impairment. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams. Manual wheelchairs and cushions were available in the waiting room for patient use.

Access to the service

The practice opened between 8.30am and 6.30pm Monday to Friday, with extended hours every evening except Friday between 6.30pm and 7pm. Telephone calls for emergencies only were answered between 8am and 8.30am. The practice operated a telephone triage system for appointments with the GP partners and salaried GPs. Same day appointments were available with the GP registrars, and pre bookable appointments were available with the nursing staff. Patients telephoned the practice with brief details of their concerns and were contacted by either their GP where possible, or the duty GP. If the GP telephone assessment was that the patient needed to be seen or the patient wished to be seen, an appointment was made for them. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service Vocare via the NHS 111 service.

Comments in three of the cards included concerns about access to appointments and patients felt that consultations were at times not long enough and felt rushed. Patients also highlighted concerns about telephone appointments, which they felt were given in preference to face to face appointments. We spoke with six patients on the day of our inspection and three of the patients expressed concerns about the telephone consultation system and also felt it

Are services responsive to people's needs?

(for example, to feedback?)

was used in preference to getting an appointment with a GP at the practice. Patient responses to one of the questions in the national GP patient survey for July 2016 showed that 43% of patients with a preferred GP usually get to see or speak to that GP. This response was lower than the local and national averages of 59%. The practice had completed its own annual patient survey, which also highlighted access to a GP of choice as an area of concern for patients. An action plan was put in place to improve patient access to their preferred GP at the practice or through a telephone consultation.

Overall, the results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than the local and national averages in most areas. For example:

- 83% of patients who responded were satisfied with the practice's opening hours compared to the local average of 77% and England average of 76%.
- 75% of patients who responded said they could get through easily to the surgery by phone (local average 70%, England average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary. The practice operated a telephone triage system and patients were contacted throughout the day. Non-clinical staff would refer any calls, which caused concern, or they were unsure of to a clinician

for advice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The GP made a decision on the urgency of the patients' need for care and treatment and the most suitable place for this to be received.

Listening and learning from concerns and complaints

The practice had a 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. The practice manager and one of the GPs were both responsible managing complaints at the practice. We saw that information was available to help patients understand the complaints system including leaflets available in the reception area. This information was also available in different languages to meet the needs of patients registered at the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Records we examined showed that the practice responded formally to both verbal and written complaints. We saw records for 22 complaints received over the past 12 months and found that all had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. The records identified that lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

During our previous inspection in May 2015, we found that care and treatment was not being provided in a safe way for patients. This was because:

- Effective systems were not in place to review and disseminate learning from significant events, near misses and complaints.
- Effective systems to ensure governance arrangements were consistently followed were not in place. For example, the practice had not followed their recruitment policy when recruiting new staff.
- There was no evidence that two cycle clinical audits had taken place and the outcomes used to ensure improvements to patient care.
- The practice had limited systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

This resulted in the practice being rated as requires improvement for providing well led services.

Vision and strategy

The practice had a clear mission statement and values. The mission statement was included in the practice brochure. The mission statement was for patients to be confident that the practice will help them receive the care they require when they are worried about their health. In addition, the practice will work to provide innovative primary health care. The values included to show integrity and fairness to all, be courteous, good mannered and honest and to look after staff by supporting development, involvement and explaining decisions. Discussions with staff showed that they had an awareness of the mission statement and values.

Governance arrangements

We found that although the practice had a governance framework to support the delivery of the practice's strategy for good quality care, some areas needed strengthening.

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities. The GPs and practice nurses had designated clinical lead roles.
- All staff were supported to address their professional development needs.

- The practice ensured that regular meetings were held at which governance issues were discussed.
- Practice specific policies and procedures had been reviewed and implemented following the inspection in May 2015. This included the introduction of an equality and diversity policy and review of the recruitment policy and procedures.
- A programme of continuous clinical and internal audit had been introduced and the outcomes used to ensure improvements to patient care.
- The practice had reviewed its arrangements for identifying, recording and managing risks to ensure that patients and staff were protected from the risk of harm at all times. These included improved recruitment checks and the implementation of a risk log, which included the monitoring of risks specific to the practice, for example risk assessments of the premises. Where potential risks were identified, mitigating actions were in place.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management. The practice staff told us they prioritised safe, high quality and compassionate care. Staff told us the practice held regular meetings, there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately.

The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that affected people received reasonable support, relevant information and a verbal and written apology.

Are services well-led?

Good 

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

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

The practice gathered feedback from patients through patient surveys, comments and complaints. The last patient survey was undertaken in March/April 2016. Following the survey, an improvement plan had been developed detailing the action to be taken with a completion date. Areas identified for improvement included a review of confidentiality at the reception desk. Solutions included identifying a quiet area where patients could discuss sensitive issues without being overheard. The practice did not currently have a Patient Participation Group (PPG) but had identified about 20 patients who were willing to support the practice to set up a group. We spoke with two of the patients who had expressed an interest. Both patients were very enthusiastic and told us they had registered their interest and were very keen to take part but were awaiting further information from the practice. The practice manager told us that they were in the process of writing a proposal with the support of the CCG. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care.

The practice gathered feedback from staff through staff meetings 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 that they had a good working relationship with the management. The practice had a whistleblowing policy, which was available to all staff electronically on any computer within the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had completed reviews of significant events and other incidents. We saw records to confirm this. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in a number of local pilot initiatives, which supported improvement in patient care across Wolverhampton. For example, weekly ward rounds were carried out in local care homes to improve the care of patients. The GPs could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients. The practice was an approved training practice for GP registrars, foundation year two doctors and medical students.

To address the difficulties experienced when trying to recruit a GP the practice had reviewed the skill mix of staff it required to meet the needs of patients over the long term. Staff recently employed included a locum advanced nurse practitioner, a clinical pharmacist and a nurse practitioner with the experience to assess and manage patients with minor ailments and the management of patients with long term and complex conditions. Further plans were to recruit another nurse practitioner to carry out home visits and manage the ongoing care of patients who were housebound and had a chronic disease.