

Dr Sanjay Mittal

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sanjay Mittal on 31 October 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice offered extended opening hours two evenings a week which enabled appointments to be made outside of traditional working hours. There was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the duty of candour.
- Most risks were well managed, although action was needed in the areas of acting upon alerts about medicines.

However there were areas of practice where the provider must make improvements:

Summary of findings

- Implement a recorded system to demonstrate the action taken to address alerts about medicines that may affect patients' safety.
- Ensure national guidelines for children who do not attend for hospital events are followed.
- Document the checks completed for the ongoing suitability of GP locums.

There were areas of practice where the provider should make improvements:

- Continue to maintain and manage at risk registers for children and vulnerable adults.
- Consider implementing a plan for ongoing clinical audits that support improvements for patients.

- Consider the involvement of the GP in the appraisal of the advanced nurse practitioners.
- Ensure that patients discharged from hospital are followed up in a timely way.
- Investigate the reasons for lower patient satisfaction in the GP national survey for patient experience of their interaction with GPs.
- 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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice managed most risks well; however further action was needed to strengthen the way alerts about medicines were managed and evidence of document checks to confirm the ongoing suitability of GP locums was not available.
- The practice had most systems, processes and practices in place to keep patients safe and safeguarded from abuse; however further action was needed to ensure national guidelines for children who did not attend for hospital events were followed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to support improvement but a planned approach was not in place to ensure ongoing quality improvement.
- 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 worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients broadly rated the practice similar to others for several aspects of care; however the outcomes for interactions with GPs and nurses in some areas were lower than local and national

Summary of findings

averages. To help improve this the practice had set up a Friendship/Carers Group. The group was aimed at anyone who felt isolated, lonely or was a carer and was led by a member of the PPG. The group was open to all carers and patients and extended to anyone living within the local area.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 30 carers on its register. This represented 0.6% of the practice population, which was lower than the expected percentage of one percent. The practice was taking active actions to address this.

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 offered extended opening hours two evenings a week which enabled appointments to be made outside of traditional working hours. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy and staff were clear about the vision and their responsibilities in relation to this. Patients were encouraged to be involved in the development of the practice mission statement.
- The practice had a number of policies and procedures to govern activity and held regular meetings.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GP and management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There were areas of governance that needed strengthening to ensure that patients and staff were protected from the risk of harm at all times; Effective arrangements for managing medicine alerts were not in place, national guidelines for children who do not attend for hospital events were followed and checks on the ongoing suitability of GP locums working at the practice were not completed and documented.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of housebound older patients and older patients who required a home visit.
- Older patients were offered urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- The GPs, nurses and healthcare assistants had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 higher overall compared to the local and national average. For example the practice performance for diabetes related clinical indicators overall was higher than the local Clinical Commissioning Group and England average (90% compared to the local average of 82% and England average of 89%).
- Longer appointments and home visits were available when needed

Good



Families, children and young people

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

- Immunisation rates were higher overall for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice had access to health visitors to discuss childhood development, immunisations and pre-school checks. Community midwives carried out an antenatal clinic one morning per week to support the care of pregnant women,
- The practice's uptake for the cervical screening programme was 82% which was higher than the local Clinical Commissioning Group (CCG) average of 78% and the same as the England average.
- Protected daily appointments were available for children of all ages and children aged under the age of one were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

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 offered on telephone consultations.
- The practice offered extended clinic appointments three days per week for working patients who could not attend during the normal opening hours.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

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 supported patients who abused substances that could harm their health and wellbeing and provided health, social and professional support.
- The practice held a register of 24 patients with a learning disability and offered this group of patients' longer appointments.
- The practice was alerted to 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.

Good



Summary of findings

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).

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2015/16 showed that 78% 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 314 surveys (6.8% of patient list) were sent out and 108 (34.4%) responses, which is equivalent to 2.3% of the patient list, were returned. Results indicated that patient satisfaction was higher in some areas than other practices in some aspects of care. For example:

- 91% 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%.
- 86% 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%).
- 80% 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%).
- 87% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).

There was one area where the practice scored much lower than the local and national averages:

- 59% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 73%, national average 78%).

The practice had reviewed this and carried out its own surveys in response to this outcome over the past three years. The result of the practice survey showed improvements in patient satisfaction over a three year period. The practice had held discussions with the patient participation group (PPG) to support improvements at the practice.

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 46 comment cards which were mostly positive on the standard of care received at the practice. Patients said that the service was excellent, that staff were very good, warm, welcoming, professional, caring and polite. There were some less positive comments made in four of the cards. Concerns related to feeling rushed by the GP, appointments and sometimes not enough staff. We spoke with 11 patients; two of the patients were members of the practice patient participation group. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. All the patients told us that they were satisfied with the care provided by the practice. Patients said they received good treatment, were listened to and treated with respect. The PPG members said they were encouraged by the practice staff to make suggestions to support improvement of the services provided.

The practice monitored the results of the friends and family test monthly. The results for the period January to December 2015 showed that 72 responses had been completed and of these, 41 (57%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 25 (35%) patients were likely to recommend the practice. The remaining results showed that two (2.8%) patients were neither likely or unlikely to recommend the practice, one (1.4%) patient was unlikely to recommend the practice and three (4.2%) patients were extremely unlikely to recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Implement a recorded system to demonstrate the action taken to address alerts about medicines that may affect patients' safety.
- Ensure national guidelines for children who do not attend for hospital events are followed.
- Document the checks completed for the ongoing suitability of GP locums

Action the service **SHOULD** take to improve

- Continue to maintain and manage at risk registers for children and vulnerable adults.

- Document the checks completed for the ongoing suitability of GP locums.
- Consider implementing an ongoing programme of clinical audits that support improvements for patients.
- Consider the involvement of the GP in the appraisal of the advanced nurse practitioners.
- Ensure that patients discharged from hospital are followed up in a timely way
- Investigate the reasons for lower patient satisfaction in the GP national survey for patient experience of their interaction with GPs
- Consider pro-actively identifying carers and establishing what support they need.

Dr Sanjay Mittal

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 and Expert by Experience.

Background to Dr Sanjay Mittal

Dr Sanjay Mittal is registered with the Care Quality Commission (CQC) as an individual GP practice. The practice is located in an inner city area of Wolverhampton and has good transport links for patients travelling by public transport. Parking is available for patients travelling by car. The practice is accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of one male GP who works full time, approximately 10 sessions per week. The GP is supported by two advanced nurse practitioners. Clinical staff are supported by two practice managers, four reception staff and an information technology lead. One of the receptionists has a dual role as a phlebotomist (someone who takes blood from patients). In total there are 10 staff employed either full or part time hours to meet the needs of patients. The practice uses a GP buddy system, a regular local GP to cover short periods of absence and locum GPs occasionally.

The practice is accessible by phone between 8am and 6.30pm Monday to Friday. Appointments times for patients vary for the GP and advanced nurse practitioners and include both morning and afternoon clinic sessions. Appointments with the GP are available between 8am and 11am Monday to Friday, 4.30pm to 6.30pm Tuesday,

Wednesday and Friday, 5pm to 8pm on a Monday and 5pm to 7.30pm on Thursday. The GP also carried out a baby clinic between 1pm and 3pm on a Thursday. The practice offers extended hours appointments on Monday and Thursday evenings. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Vocare via the NHS 111 service.

The practice is part of the NHS Wolverhampton Clinical Commissioning Group. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the practice and offers variation in the range of services that may be provided by the practice. The practice provides Directed Enhanced Services, such as childhood vaccinations and immunisations, management and support for patients with dementia and the care of patients with a learning disability. At the time of our inspection there were approximately 4,606 patients. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. The practice patient population are mostly under the age of 65 years. There is a higher 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 30% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (27% compared to 16%).

Detailed findings

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.

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 31 October 2016.

During our visit we:

- Spoke with a range of staff including the GP, the advanced nurse practitioners, practice managers, 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

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform one of the practice managers or the GP of any incidents. Staff wrote notes about the incident and passed these to the practice manager who recorded them onto an electronic template available on the practice computer system. The incident recording form 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.

Significant event recording forms showed that incidents were investigated. We saw that the minutes of meetings demonstrated that learning from events had been shared with staff. Staff we spoke with confirmed that these discussions had taken place and were able to share examples of significant events that had occurred. The practice had recorded eight significant events over the last 12 months. One of the events related to concerns about information governance. One of the practice managers had identified that a confidential alert on a patient's electronic records would also be visible to other members of the patient's family during a consultation. This was amended and a discussion and re-training held with all staff on the care needed when placing alerts and adding comments to patients' records. Significant events were followed up at practice meetings to ensure continuous improvements.

We saw that the process for acting on medicine alerts that may affect patient safety was not fully effective. Staff told us that one of the practice managers received the safety alerts and disseminated these to the relevant staff. Staff told us that alerts were discussed both informally and at practice clinical meetings. Staff were able to tell us about recent safety alerts received, for example, related to a specific medicine containing components that could be a risk to women of child bearing age and alerts related to diabetic testing equipment. Staff told us that a search of all patients

that may be affected was carried out. However staff were unable to provide evidence that a systematic and proactive approach had been taken to identify and review patients who may be affected by the safety alerts.

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. Policies and procedures on safeguarding were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role. The GP and nursing staff were trained to child safeguarding level 3. The practice held records for vulnerable adults and only recently had the need to compile a register for children identified as at risk. Staff told us that they had not met with the health visitors to formally share information about children on the at risk register. Following the inspection the practice sent us information to confirm that contact with the health visitors had been made and three monthly meetings planned. We found that the practice did not routinely follow up children who did not attend hospital appointments.
- 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Both advanced nurse practitioners were the infection control clinical leads and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and 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.

Are services safe?

- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. All repeat prescriptions were authorised by the GP who was also responsible for checking or arranging blood tests where appropriate. The GP told us that they accessed patient blood tests results through the hospital clinical portal every three months. We looked at one example of the practice performance with the management of a high risk medicine called Methotrexate; a medicine used to treat certain types of cancer, treat severe psoriasis and rheumatoid arthritis. The practice held a list of 15 patients taking this medicine. We looked at six records which showed that five patients had had up to date tests completed before they were issued repeat prescriptions and the remaining patient had received an appointment for a review. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Both advanced nurse practitioners were qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. A programme of supervision had been implemented by the nurses to ensure they received mentorship and support from the GP. The local CCG pharmacy advisor also carried out reviews of the advanced nurse practitioners prescribing habits.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used a GP buddy system, (a local GP) to cover annual leave or sickness and locum GPs occasionally. All GP locums were given a pack with information about the practice. Although the practice managers told us that ongoing checks were carried out to confirm the ongoing suitability of regular GP locums used we found that evidence was not available to confirm this.

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. Risk assessments specific to the day to day operation of the practice were completed these included for example, the safe management of sharps. A record with details of the assessment, and action taken to address the outcomes was available to confirm this. Other risk assessments in place to monitor the safety of the premises included gas and electric tests, control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment for legionella had been completed by the landlords for the practice. The practice staff ensured that water outlets were regularly flushed to reduce the risk of legionella. The practice had up to date fire risk assessments and regular fire drills had been carried out. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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 a GP buddy system which involved using a regular local GP to cover short periods of absence to ensure that the needs of patients at the practice were met. The practice also used locum GPs occasionally. The practice staff had identified that there was a need for additional clinical support to meet the needs of patients within the practice. The GP was considering this and planned to review staffing at the practice with a view to possibly appointing a part time salaried GP.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were stored in a secure area of the practice and all staff knew of their location. However, we found that the medicines were not organised to ensure that they were easily accessible to staff. This was addressed at the time of the inspection. The practice managers sent us information to show that the emergency medicines to be held at the practice were discussed at a practice meeting. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was kept offsite. The plan included emergency contact numbers for staff. The practice managers shared an example of when the business plan was used to support a local GP practice that had to close at short notice due to an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

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 and advanced nurse practitioners could clearly outline the rationale for their approach to treatment. The practice used electronic care plan pathways based on NICE guidance. Examples of these were seen and included templates for diabetes, dementia and learning disabilities. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had carried out an audit to review diabetic NICE guidelines related to improving diabetic eye health screening. Staff told us that NICE guidance was a standing agenda item at the practice clinical meetings.

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 2015/16 this was similar to the local Clinical Commissioning Group (CCG) and England averages of 95%. The practice clinical exception rate of 6.2% was lower than the CCG average of 8.7% and national average of 9.8%. 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 2015/16 showed:

- The practice performance in two of three 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 68% compared with the CCG average of and England averages of 77%. The practice exception reporting rate of 4.7% was lower than the local average of 7.3% and the England average of 9.2%.

- 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 92%. 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 3.9% was lower than the local average of 7.8% and national average of 11.5%.
- Performance for mental health related indicators was lower than the local CCG and national averages. For example, the percentage of patients with a mental health disorder who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 78% compared to the local CCG and England averages of 84%. The practice clinical exception rate of 3.6% for this clinical area was lower than the local CCG average of 6.1% and the England average of 6.8%.
- 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 84% and England average of 84%). The practice clinical exception rate of 3.6% for this clinical area was lower than the local CCG average of 6.1% and the England average of 6.8%.

The practice had generally performed well when compared to the local CCG and England averages overall. The clinical area where the practice had performed lowest was related to care of patients with diabetes. Further indicators for the management of diabetes at the practice showed that the practice used the higher specific blood test threshold result to get an overall picture of what a patients average blood sugar levels had been over a period of time. The practice performance at this level showed that 83% (local CCG average 84% and England average 87%) of patients had had their blood sugar levels monitored. The practice maintained registers of all patients with a chronic disease and this included patients with diabetes. The two advanced nurse practitioners employed at the practice supported the review of patients with long-term conditions

Are services effective?

(for example, treatment is effective)

and there was an effective call and recall system in place. 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 GP attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed. Minutes of a recent meeting was seen to confirm this.

The practice did not have a formal process for ensuring that ongoing audit cycles were carried out. There was evidence of two clinical audits and one review of clinical practice that had been carried out over the last 12 months to support improvements. One of the audits looked at the number of patients with diabetes that had attended for eye health screening in line with NICE guidelines. The guidance indicates that all patients over the age of 12 years diagnosed with diabetes should attend annual retinopathy screening. Retinopathy is a complication of diabetes which can cause damage to the back of the eye causing blindness if left undiagnosed and untreated. The practice had 305 patients with diabetes who required screening for retinopathy. The initial audit showed that 47 (15%) patients were overdue screening by one year and 20 (6%) patients by two years. The practice put systems in place to contact these patients. A second audit carried out one month later showed improvements over a short period of time. Results showed that the number of patients overdue by one year had reduced to 40 (13%) and were waiting for an appointment and the number of patients overdue by two years had decreased to 10 (3%) patients. The practice planned to carry out regular reviews to ensure that all patients were recalled for screening, all patients newly diagnosed with diabetes were referred at the time of diagnosis. The practice ensured that details of the screening were correctly recorded in patients' records. The practice also ensured that patients were informed and educated in the importance of having the screening carried out.

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 locum GPs and non-clinical staff. All new staff were given a staff employment handbook. The induction programme covered such topics as infection prevention and control,

fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the nurses was trained and accredited in all aspects of family planning. The practice supported the nurse to maintain their skills and ensured they could complete the number of procedures required and attend appropriate training. The advanced nurse practitioners and GP had all completed clinical specific training updates and competency assessments to support annual appraisals and revalidation. The learning needs of all staff were identified through a system of appraisals, meetings and reviews of their individual development needs. The advanced nurse practitioner appraisals had been completed without the involvement of the GP. This meant that the clinical aspects of the nurses' practice may not be fully appraised. The GP assured us that this would be addressed. The practice also involved staff from a local practice to carry out peer reviews.

The advanced nurse practitioners had completed an assessment of competence for administering vaccinations and carrying out cervical screening. The nurses could demonstrate how they stayed up to date with changes to the immunisation programmes and had access to on line resources and discussions at local peer review meetings. The nurse practitioners had also received advanced training in the management of diabetes to support the practice in improving the care of patients with diabetes. There was a training matrix in place which showed training completed by staff and the date an update was due. The matrix showed that staff had received training in equality and diversity, health and safety and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. 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. We saw that referrals for care outside the practice were appropriately prioritised. The GP followed up all patient results and patients were contacted where appropriate.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice identified patients approaching the end of their life and had 39 patients on its palliative care list. The practice also maintained a list of 69 (1.9%) patients which was just below the expected 2% on its admission avoidance register. We saw evidence that these patients were discussed both formally and informally with relevant health and social care professionals. All the patients on this register had a care plan in place. We saw evidence that patients seen at the out-of-hours service were followed up. The GP ensured that any medicine changes were made immediately if required. Patients were only followed up if needed or at a planned annual review.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. There was no evidence to confirm that staff had had access to training on consent and the Mental Capacity Act (MCA) 2005. However, staff understood the relevant consent and decision-making requirements of the MCA 2005v legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

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 their diet, smoking and alcohol

cessation. The practice held stop smoking and weight management clinics for its patients. Patients had access to health assessments and were signposted to relevant services where appropriate.

The uptake for cervical screening for women between the ages of 25 and 64 years for the 2015/16 QOF year of 79% was higher than the local CCG average of 78% but lower than the England average of 81%. The practice had carried out a review of patients that had not attended appointments. These patients were followed up by telephone and sent reminder letters with a leaflet explaining the importance of cervical screening. The practice also took the opportunity to offer the screening when patients attended for other appointments. Public Health England national data showed that patient response for other cancer screening examinations was higher than the local CCG and England averages. For example the number of female patients screened for breast cancer in the last 36 months was 71% which was higher than the local CCG average of 68% and similar to the England average of 72%.

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 2015/16 showed that the performance for childhood immunisations were mostly similar to the local CCG averages for example, immunisation rates for children showed that:

- The percentage of children under two years of age was 95% to 97%, (England average 90%),
- The percentage of children aged five years old was 96% to 98%, (England average 88% to 94%)

The practice was proactive in following up children who required immunisation. If there were three missed appointments, the practice ensured these children and their parents where appropriate were followed up through the local centre for children.

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.

All of the 46 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Comment cards highlighted that staff were responsive to their needs and provided appropriate support to help them manage their care needs. We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they never felt rushed and staff were treated with respect.

Results from the national GP patient survey published in July 2016 showed that the patient responses to their satisfaction with consultations with the GP were below average in all areas. The responses for nurses were similar to the local and national averages. For example:

- 72% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 87%.
- 86% 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%.
- 72% 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%.
- 86% of patients said the nurse was good at listening to them compared to the local CCG and the national averages of 91%.

- 91% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 99% 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%.
- 87% 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 practice had reviewed these outcomes and carried out its own surveys in response to this over the past three years. The result of the practice survey in 2014 showed patient satisfaction to be 46% which had improved to 84% in 2016. The practice had reviewed its practices and held discussions with the patient participation group to support improvements at the practice.

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

- 87% 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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. However the results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results for the GP and nurses were lower than the local and national averages. For example:

- 73% of the patients who responded said the last GP they saw was good at explaining tests and treatments which was similar to the local CCG average of 83% and the national average of 86%.
- 72% 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%).

Are services caring?

- 83% of the patients who responded said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 89%, national average 90%)
- 76% 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%).

Comments on external patient feedback sites also showed mixed views. Comments made included feeling rushed and not listened to. There were also positive comments made. The practice had responded to all comments, offered an apology and invited patients who described poor experiences to visit the practice to discuss their concerns. The practice had also reviewed these results through its own patient surveys and held discussions at staff meetings and PPG meetings. In response to the findings the practice had re-visited customer care training. The practice was also reviewing its staffing levels and skill mix to support an increase in the time clinical staff had to review patient's needs.

The practice provided facilities to help patients be involved in decisions about their care. The practice provided patients whose first language was not English with access to translation and interpreter services to help them understand their care and treatment. 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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and a carer's pack were available for carers in the patient waiting area which told patients how to access a number of support groups and organisations. There were 30 (0.6%) carers on the practice carers register, which was below the expected one percent of the practice population. Written information was available to direct carers to the various avenues of support available to them. The practice had set up a Friendship/ Carers Group. The group was aimed at anyone who felt isolated, lonely or was a care and was led by a member of the PPG. The group was open to all carers and patients and extended to anyone living within the local area. The details of this group and dates of meetings were advertised in the reception area and on the practice website. The group also had established links to local community support groups. Information about support groups was also available on the practice website. The practice's computer system alerted GPs if a patient was also a carer. The practice carried out an annual review to ensure carers were invited to attend a health review.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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, flexibility, choice and continuity of care. For example:

- The practice maintained a register of 36 patients who experienced poor mental health. The patients were invited for an annual review by the GP. Patients that failed to attend were referred to secondary care services.
- The practice provided a support and treatment to patients who abused substances that could harm their health and wellbeing.
- The practice had a register of 24 patients with a learning disability and ensured that they all had an annual review.
- The practice had identified 27 patients with dementia and had ensured that these patients were followed up and referred to the memory clinic for a formal diagnosis.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice offered online access for making appointments and ordering repeat prescriptions.
- Facilities for patients with mobility difficulties included level access to the practice, adapted toilets and a hearing loop. The practice was easily accessible to patients who used wheelchairs and families with pushchairs or prams.
- There were longer appointments available for patients with a learning disability, older patients 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.
- Urgent access appointments were available for children and those with serious medical conditions.

Access to the service

The practice was accessible by phone between 8am and 6.30pm Monday to Friday. Appointments times for patients varied for the GP and advanced nurse practitioners and included both morning and afternoon clinic sessions.

Appointments with the GP were available between 8am and 11am Monday to Friday, 4.30pm to 6.30pm Tuesday, Wednesday and Friday, 5pm to 8pm on a Monday and 5pm to 7.30pm on Thursday. The GP also carried out a baby clinic between 1pm and 3pm on a Thursday. The practice offered extended hours appointments on Monday and Thursday evenings. 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.

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

- 87% of patients who responded were satisfied with the practice's opening hours compared to the local average of 77% and England average of 76%.
- 91% 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 and reviewed the urgency of the need for medical attention. Requests for home visits were referred to the GP who reviewed all patients requesting a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice kept a log of all visits requested and carried out.

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 the GP were both responsible for 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

Are services responsive to people's needs?

(for example, to feedback?)

records for five complaints received over the past year. Three of the complaints were written and two of these had been escalated to NHS England. These had been resolved to the satisfaction of the patients involved. We found that all the complaints 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 as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice mission statement focussed on developing a strong patient centred culture. The management team had reviewed its mission statement for the practice with patients through the PPG. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff and patients felt that they were involved in the future plans and development of the practice. The statement of purpose described the vision for the practice as driven by a culture of openness, honesty and a committed team of staff. The GP and staff we spoke with demonstrated the values of the practice and a commitment to improving the quality of the service for patients.

Governance arrangements

The practice had a governance framework which supported the operation of the practice and promoted good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities.
- All staff were supported to address their professional development needs.
- The practice held monthly meetings at which governance issues such as significant events, complaints, information governance and training were discussed. There was a structured agenda and an action plan.
- The GP and advanced nurse practitioners had designated clinical lead roles. Both clinical and non-clinical staff also held additional responsibilities which supported the day to day operation of the practice.
- Practice specific policies and procedures were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was not in place, however random audits had been completed to monitor quality and to make improvements.
- There were areas of governance that needed strengthening to ensure that patients and staff were protected from the risk of harm at all times. These were related to the way medicines alerts were received and

handled and the practice had not ensured national guidelines for children who do not attend for hospital events were followed. Checks on the ongoing suitability of GP locums working at the practice were not completed and documented.

Leadership and culture

Staff said they felt respected, valued and supported, particularly by the GP, nurses and the management team at the practice. The GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice had a programme of regular formal meetings which included clinical meetings, individual staff team meetings and practice wide meetings. All meetings were minuted to enable staff that were not present to update themselves on discussions. Staff told us 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.

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

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). There were six to eight regular members of the group who attended formal meetings, which were held at least every three months. The PPG had a noticeboard in the waiting area where the dates of meetings, the agenda and minutes of meetings were displayed for patients. The group was actively involved in carrying out patient surveys and encouraging patients to complete family and friends comment cards. They were involved in annual fund raising events for charities with the practice. The practice had acted on suggestions made by the PPG which included the need for a carers support group, which was acted on. The

Are services well-led?

Requires improvement 

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

group together with the practice and health trainers had discussed introducing a 'walking for health day' for patients. The group developed an action plan at the beginning of each year to identify projects they wished to work. The practice managers had an open door policy for patients and provided assistance with their social and health related needs.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. The practice staff worked effectively as a team and their feedback was valued. Staff told us they felt involved and actively encouraged by the management team to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and had used the outcome of these to ensure that appropriate improvements had been made. The practice was involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. 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 had identified areas where continuous improvement was needed and had put plans in place to address these. These included:

- Ensuring that all staff received training related to the principles of the Mental Capacity Act.
- Ensuring that protected time was allocated for the advanced nurse practitioners and the GP to meet to support supervision and the discussion of patient care.
- Monitoring and following up patients that did not attend hospital appointments especially older patients, and children.
- Introducing text alerts to remind patients about their appointments at the practice.

The advanced nurse practitioners had developed and implemented an annual action plan to address their development needs. This included reviewing clinical policies and procedures, protected time for learning and teaching time with the GP.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<div>Regulation 17 HSCA (RA) Regulations 2014 Good governance</div> <ul style="list-style-type: none">• The provider did not operate an effective system to ensure that appropriate action had been taken on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.• The provider had not ensured national guidelines for children who do not attend for hospital events were followed.• The provider had not ensured that checks on the ongoing suitability of GP locums working at the practice were completed and documented.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	