

Dr William Porter

Quality Report

St James's Medical Practice
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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	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
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 William Porter's practice, also known as St James's Medical Practice on 2 August 2016. Overall the practice is rated as requires improvement.

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

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There were adequate arrangements in place to respond to emergencies and major incidents. We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The arrangements for managing medicines and vaccinations were not always effective enough to ensure that patients were kept safe. There was a system in place for the prescribing of high risk medicines. However, we found that some areas of monitoring high risk medicines required improvement.
- We found that in some areas governance arrangements were not robust. During our inspection we found gaps in the record keeping to support that adequate infection control measures were in place. The infection control lead was unable to demonstrate how they kept up to date with infection control guidelines and best practice.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Although the practice had systems in place to identify and assess patients who were at high risk of admission to hospital we found that some of these patients did not have personalised care plans in place.

Summary of findings

- One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse was unable to demonstrate how they stayed up to date with prescribing and best practice guidelines for the areas that they prescribed in.
- Uptake for cervical screening was below average, during our inspection we also found that the practice did not consistently follow an effective failsafe system for cervical screening tests to ensure that test results had been received for every sample sent by the practice.
- We found many gaps in the record keeping for staff files. Records were not in place to provide assurance that appropriate recruitment checks had been completed for both non-clinical and clinical members of the practice team. We also found that there were no records of completed DBS checks for members of the nursing team
- We found that essential training such as infection control principles was not included in the induction programme. Additionally, the practice did not have an induction pack for locum clinicians to use when working at the practice.
- Staff spoken with demonstrated a commitment to providing a high quality service. Throughout our inspection there was a strong theme of positive feedback from staff and staff commented that they felt valued and part of a close practice team. The practice encouraged a culture of openness and honesty.

The areas where the provider must make improvements are:

- Improve the overall management of Human Resources; ensure that the appropriate disclosure and barring (DBS) and recruitment checks have been completed for staff as required, prior to working at the practice.
- Ensure that that all relevant staff have oversight of patient safety alerts and updates (such as medicines and medical device alerts) and implement a system to ensure that action has been taken for all patients who are affected.

- Ensure that an effective process is followed with regards to monitoring all high risk medicines.
- Ensure that an effective failsafe system is well embedded for cervical screening tests, to ensure that test results had been received for every sample sent by the practice.
- Improve governance arrangements in relation to infection control; ensure that actions are taken to address improvements identified through completed infection control audits and risk assessments associated with infection control; such as legionella. Maintain cleaning records for medical equipment.
- Ensure that locum GPs receive a full induction with appropriate reference material and that ongoing support is made available during their period working with the practice.

The areas where the provider should make improvements are:

- Ensure that adequate support and mentorship is in place for the nurse prescriber to ensure that they stay up to date with prescribing and best practice guidelines for the areas that they prescribe in.
- Ensure that records are well maintained to reflect emergency protocols such as fire drills.
- Ensure that record keeping for the management of cold chain reflects national guidance.
- Continue to work on personalised care plans for patients who are at high risk of hospital admission; in line with treatment and needs.
- Continue to identify carers and ensure that all carers are captured on the computer system, in order to provide further support where needed.
- Continue to explore ways to engage with patients who do not attend for cervical screening, in order to ensure screening is taking place as appropriate.

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 inadequate for providing safe services.

- There were adequate arrangements in place to respond to emergencies and major incidents. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff we spoke with were unable to demonstrate how the practice had taken action on specific alerts, such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- There was a system in place for the prescribing of high risk medicines. However, we identified one case where regular blood monitoring had not taken place in line with recommended guidance. This highlighted that some areas of monitoring high risk medicines required improvement.
- We found that the minimum and maximum vaccination fridge temperatures were not being recorded and therefore staff were not following best practice record keeping guidance by Public Health England for the safe storage of vaccines.
- Records were not in place to provide assurance that appropriate recruitment checks had been completed for both non-clinical and clinical members of the practice team. We also found that there were no records of completed DBS checks for members of the nursing team.

Inadequate



Are services effective?

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

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff had the skills, knowledge and experience to deliver effective care and treatment. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Although the practice had systems in place to identify and assess patients who were at high risk of admission to hospital we found that some of these patients did not have personalised care plans in place.

Requires improvement



Summary of findings

- We found that essential training such as infection control principles were not included in the induction programme. Additionally, the practice did not have an induction pack for locum clinicians to use when working at the practice.
- One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse was unable to demonstrate how they stayed up to date with prescribing and best practice guidelines for the areas that they prescribed in.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

The practice is rated as good for providing caring services.

- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Throughout our inspection there was a strong theme of positive feedback from patients we spoke with and from patients who completed comment cards. Practice performance was above average for all areas of the national GP patient survey.
- There was a practice register of all people who were carers and 1% of the practice list had been identified as carers. The practice manager explained this was identified as an area to improve on through hosting a promotional event once they had reformed their PPG (patient participation group).
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- Information for patients about the services available was easy to understand and accessible. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered a range of clinical services which included care for long term conditions and services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

Good



Summary of findings

- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. Clinical staff carried out home visits for older patients and patients who would benefit from these.
- The practice offered an in-house phlebotomy service so that patients could attend the practice for blood tests instead of needing to travel to the phlebotomy clinic at the local hospital. Phlebotomy services and immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- There were a number of additional services and organisations located in the same building as the practice; this included a chemist and also a pulmonary rehab service and a physiotherapy service which patients could access through referral from a healthcare professional.

Are services well-led?

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

- We found that in some areas governance arrangements were not robust. During our inspection we found that records were not kept to support that adequate arrangements were in place for infection control, health and safety and recruitment.
- The practice was working on re-establishing a patient participation group (PPG).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Staff spoken with demonstrated a commitment to providing a high quality service. Throughout our inspection there was a strong theme of positive feedback from staff and staff commented that they felt valued and part of a close practice team. The practice encouraged a culture of openness and honesty.

Requires improvement



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 requires improvement for the care of older people.

- The practice is rated as inadequate for providing safe service and requires improvement for providing effective and well led services; this affects all six population groups.
- Although the practice had systems in place to identify and assess patients who were at high risk of admission to hospital we found that whilst treatment plans were in place for these patients, some of these patients did not have personalised care plans in place.
- The practice offered home visits and urgent appointments for those with enhanced needs. Immunisations such as a phlebotomy service and flu vaccines were also offered to patients at home, who could not attend the surgery.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. This included members of the practices older population.

Requires improvement



People with long term conditions

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

- The practice is rated as inadequate for providing safe service and requires improvement for providing effective and well led services; this affects all six population groups.
- The practice offered a range of clinical services which included care for long term conditions.
- Performance for overall diabetes related indicators was 82%, compared to the CCG and national averages of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- The practice is rated as inadequate for providing safe service and requires improvement for providing effective and well led services; this affects all six population groups.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for under two year olds ranged from 79% to 100% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds ranged from 91% to 100% compared to the CCG average of 93% to 98%.
- The practice's uptake for the cervical screening programme was 65%, compared to the CCG average of 73% and national average of 82%. During our inspection we found that not all members of the nursing team were following an effective failsafe system for cervical screening tests to ensure that test results had been received for every sample sent by the practice.

Working age people (including those recently retired and students)

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

- The practice is rated as inadequate for providing safe service and requires improvement for providing effective and well led services; this affects all six population groups.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- The practice offered extended hours on Mondays until 7:30pm. They utilised text messaging appointment reminders to remind patients of their appointments.
- Practice data highlighted that they had offered smoking cessation advice and support to approximately 283 patients and 4 (1%) had successfully stopped smoking.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

- The practice is rated as inadequate for providing safe service and requires improvement for providing effective and well led services; this affects all six population groups.
- The practice offered longer appointments for patients with a learning disability. Information was available in a variety of formats including practice leaflets in large print and brail for people with a visual impairment.
- There were 14 patients on the practices learning disability register, 57% of the eligible patients had received a medication review in a 12 month period.
- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. Practice data highlighted that 33 patients were on the register, these patients were frequently reviewed in the practice and 64% had received a review in a 12 month period.

People experiencing poor mental health (including people with dementia)

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

- The practice is rated as inadequate for providing safe service and requires improvement for providing effective and well led services; this affects all six population groups.
- There were longer appointments available at flexible times for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. The data provided by the practice highlighted that 64% of their eligible patients had care plans in place and 64% had also received a medication review in a 12 month period with ongoing reviews planned.
- Performance for mental health related indicators was 100%, with an exception rate of 0%.
- There were 29 patients on the mental health register, 55% of these patients had care plans in place and 79% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

Requires improvement



Summary of findings

What people who use the service say

The practice received 90 responses from the national GP patient survey published in July 2016, 233 surveys were sent out; this was a response rate of 39%. The results showed that the practice received positive responses and performance was above average for all areas of the survey.

- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.

- 98% described the overall experience of the practice as good compared to the CCG and national average of 85%.
- 95% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with five patients during our inspection and service users completed 38 CQC comment cards. Patients and comment cards gave positive feedback with regards to the service provided.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Improve the overall management of Human Resources; ensure that the appropriate disclosure and barring (DBS) and recruitment checks have been completed for staff as required, prior to working at the practice.
- Ensure that that all relevant staff have oversight of patient safety alerts and updates (such as medicines and medical device alerts) and implement a system to ensure that action has been taken for all patients who are affected.
- Ensure that an effective process is followed with regards to monitoring all high risk medicines.
- Ensure that an effective failsafe system is well embedded for cervical screening tests, to ensure that test results had been received for every sample sent by the practice.
- Improve governance arrangements in relation to infection control; ensure that actions are taken to address improvements identified through completed infection control audits and risk assessments associated with infection control; such as legionella. Maintain cleaning records for medical equipment.

- Ensure that locum GPs receive a full induction with appropriate reference material and that ongoing support is made available during their period working with the practice.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Ensure that adequate support and mentorship is in place for the nurse prescriber to ensure that they stay up to date with prescribing and best practice guidelines for the areas that they prescribe in.
- Ensure that records are well maintained to reflect emergency protocols such as fire drills.
- Ensure that record keeping for the management of cold chain reflects national guidance.
- Continue to work on personalised care plans for patients who are at high risk of hospital admission; in line with treatment and needs.
- Continue to identify carers and ensure that all carers are captured on the computer system, in order to provide further support where needed.
- Continue to explore ways to engage with patients who do not attend for cervical screening, in order to ensure screening is taking place as appropriate.

Dr William Porter

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr William Porter

Dr Porters practice is based in St James's Medical Practice located in the Dudley area of the West Midlands. There are approximately 2300 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a single handed GP, nurse prescriber, two practice nurses and a health care assistant. The GP is supported by a locum GP every Wednesday afternoon from 1pm. The single handed GP and the practice manager form the practice management team and they are supported by a team of 10 staff members who cover secretarial, administration and reception duties.

The practice is open for appointments between 7:30am and 6:30pm during weekdays and extended hours are also available on Mondays until 7:30pm.

The practice has a contractual agreement in place with a local urgent care provider called Primecare which covers home visit duties on Wednesdays between 1pm until

6:30pm. This ensures that whilst a locum GP is providing primary care cover at the practice, home visits can be carried out for any terminally ill patients, housebound patients and those who are too poorly to attend the practice. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

Detailed findings

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

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

The inspection team:-

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

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 2 August 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

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

Are services safe?

Our findings

Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff explained that they verbally reported concerns and incidents to the practice manager; these were recorded in the GPs incident book and transferred on to significant event reporting forms for discussion at practice meetings. We saw records of five significant events which had occurred since December 2015. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. We saw minutes of practice meetings which highlighted that significant events were discussed with staff and records demonstrated that the GP also reflected on significant events as part of their appraisal.

Overview of safety systems and processes

- Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was the lead member of staff for safeguarding. Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. The GP provided reports where necessary for other agencies and the practice also had easy access to the health visitor team who were also based in the premises shared by the practice; this supported them to regularly liaise and communicate with health visitors. Policies were accessible to all staff, the policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff explained that safety alerts were disseminated by the practice manager and that the GP was also signed up to receive some alerts electronically through email. However, discussions with a member of the nursing team highlighted that nurses did not receive medical alerts, such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Additionally, staff we spoke with were unable to demonstrate how the practice had taken action on specific alerts. The GP explained that the local Clinical Commissioning Group (CCG) pharmacist often ran a report in order for the clinicians to recall patients and take action where required in relation to specific safety alerts, however there was no evidence in the practice to support this.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually provide a chaperoning service. Staff members had been trained on how to chaperone and we saw records of risk assessments in place which highlighted that the practice had decided to have all staff members' disclosure and barring (DBS) checked. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw that DBS checks had been applied for at the end of July 2016 and that in the meantime risk was managed by ensuring that when chaperoning, staff were not left alone with patients; we saw that this was documented on the completed risk assessment records.
- However, when we viewed staff files we found them to be lacking in key information. For example, we viewed four staff files and found that they did not always contain records to demonstrate that appropriate recruitment checks had been undertaken prior to employment. This included employment history and references in some cases. We also found that although risk assessments were in place for staff that chaperoned, there were no records of completed DBS checks for members of the nursing team. When we discussed this with the practice manager they informed us that nurses DBS checks were recently applied for, but not currently in place. We saw evidence to support that the applications had been made.
- The practice used a locum GP who worked at the practice every Wednesday afternoon and also for cover if ever the GP was on leave. The practice used a locum agency to provide locum cover; staff explained that the locum agency followed procedures to ensure that the appropriate recruitment checks were completed for their locum GPs; however there was no evidence available during our inspection to support this.
- A member of the nursing team was the practices infection control lead. We saw that they were named on the practices infection control policy; however there was

Are services safe?

no evidence in place to demonstrate that they regularly liaised with the local infection prevention team to keep up to date with best practice. Staff we spoke with said that another member of the nursing team and the practice manager had attended local infection control training in March 2015; however there were no records in place to support this.

- We saw records of a completed infection control audit which contained actions to address improvements identified. Although the actions had been signed off, there was no evidence to demonstrate that they had been effectively implemented. For example, an action identified the need for staff to complete infection control training. Discussions with the practice manager highlighted that infection control training wasn't included in the practices induction programme for new staff members and although staff had access to e-learning, they did not always complete modules such as the modules available on infection control.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place to support the cleaning of the practice, this included records which demonstrated that non-disposable curtains were cleaned at least every six months. However, although staff confirmed that medical equipment was frequently cleaned; such as the equipment used for ear irrigation, during our inspection we found that records were not kept to reflect this.
- We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- There were some systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. We found that these systems were effective in most areas, however we identified that one patient who was on specific psychiatric medication had received blood tests at random intervals which included periods of six months and in one instance over 12 months; instead of the recommended three monthly intervals. This highlighted that some areas of monitoring high risk medicines required improvement.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Although prescription stationery used in printers and prescription pads used for home visits were securely stored, we found that the practice had stopped following a system of tracking and monitoring the use of these prescriptions since the implementation of the electronic prescribing system in 2015. We discussed this with staff during our inspection and they advised that they would revert to tracking and monitoring prescription stationery used within the practice and for home visits also. Shortly after our inspection the practice submitted records to demonstrate that they had embedded an adequate system to track prescription stationery.
- The practices vaccination fridges were manufactured with built in alarms that were set to alarm the practice if ever the temperatures were outside recommended temperatures of +2 and +8oC. However, we found that the minimum and maximum vaccination fridge temperatures were not being recorded, in line with best practice guidance by Public Health England to ensure effective management of the cold chain (for the safe storage and handling of vaccinations).
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was

Are services safe?

higher than local and national averages for the prescribing of medicines such as antibiotics and hypnotics. For example, the percentage of antibiotic items prescribed between July 2014 and June 2016 was 6% compared to the local average of 3% and national average of 5%. The practice had worked on improving this and data from August 2015 to July 2015 demonstrated that antibiotic prescribing was 0.4% under the national average.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as legionella. At the point of our inspection the practice had not assessed the risks associated with the control of substances hazardous to health (COSHH), shortly after our inspection the practice shared records of risk assessments that they had completed since our visit. Additionally, we found that although risks associated with legionella had been assessed, the practice had not completed the recommended actions which were highlighted on the risk assessment conducted in May 2016. These included actions such as conducting a weekly flush of the water systems and monitoring temperatures on a monthly basis.

We saw records to show that regular fire alarm tests had taken place. Staff we spoke with said that fire drills took place although these were not recorded.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.
- The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure areas of the practice and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.
- There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Conversations with members of the clinical team demonstrated that although they were able to access guidance and standards, such as guidance from the National Institute for Health and Care Excellence; we found that patient's needs were not always assessed in line with relevant and current evidence based standards. For example, although the practice had systems in place to identify and assess patients who were at high risk of admission to hospital we found that whilst treatment plans were in place for these patients, some of these patients did not have personalised care plans in place.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 95% of the total number of points available, with 7% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%.

Data provided by the practice highlighted that they had 29 patients on the mental health register. The report also highlighted that 55% of these patients had care plans in place and 79% of their eligible patients had received a medication review in a 12 month period with further reviews planned.

- Data showed that appropriate diagnosis rates for patients identified with dementia were 100%, with an exception rate of 0%. There were 11 patients registered at the practice with a diagnosis of dementia. The data provided by the practice highlighted that 64% of their

eligible patients had care plans in place and 64% had also received a medication review in a 12 month period with ongoing reviews planned. The GP and practice manager explained that this was an area for further work and felt that low figures on their dementia register may have been a result of ineffective coding on the system.

- Performance for overall diabetes related indicators was 82%, compared to the CCG and national averages of 88%.

Discussions with a member of the nursing team highlighted how the practice had reviewed their recall systems to ensure that patients with long term conditions such as Chronic Heart Disease (CHD) and Diabetes were reviewed every four and six months. This included conducting home visits to house bound patients to carry out health reviews, blood tests and to administer flu vaccines. Data provided on 2 August 2016 highlighted that:

- 87% of the practices diabetic patients had received a foot risk assessment in 12 months.
- All diabetic patients were receiving relevant blood tests on a regular basis.
- 95% of the practices diabetic patients had received a flu vaccination.

The practice shared records of three clinical audits. This included a dermatology referral audit conducted in October 2015 and repeated in May 2016, an audit which was conducted in October 2014 and repeated in April 2015; which included a review of treatment for patients who were diagnosed with heart failure and also a rolling diabetic audit which the GP had repeated on a yearly basis since 2011. The aim of the audit was to help to improve the practices performance for diabetes care. Records of the diabetic audit highlighted that the practice consistently improved three levels of blood glucose control for patients on their diabetes register. For example, the annual audit completed in August 2015 highlighted that 78 out of 130 diabetic patients had achieved a blood glucose level of 64 mmol/mol or less and the repeated audit highlighted that 96 out of 142 diabetic patients had achieved a blood glucose level of 64 mmol/mol or less. The practice had achieved this by improving their recall systems and continually engaging with the patients of their diabetes register to ensure required monitoring was taking place.

Are services effective?

(for example, treatment is effective)

Effective staffing

The clinical team had a mixture of enhanced skills including long term condition and chronic disease management. The GP also had a background in psychiatry and had a special interest in mental health.

The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual. The practice manager confirmed that infection control had not previously been included in the induction programme. Additionally, the practice did not have an induction pack for locum clinicians to use when working at the practice.

Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of the doctor and the practice was offering support to their nurses with regards to the revalidation of nurses. The GP was up to date with their yearly continuing professional development requirements and had been revalidated.

Staff across the practice were supported to attend training courses. We saw examples of many certificates for members of the nursing team to demonstrate that they frequently attended study days, such as updates on immunisations and cervical screening. We also saw that a member of the nursing team had been supported through diplomas in chronic disease areas and family planning. Non clinical staff had been supported in attending training to support them with their duties which included courses in medical terminology. The practice manager was completing a level five practice management diploma and a member of the team was also being supported in achieving an NVQ to become a health care assistant.

In addition to in-house training staff sometimes made use of e-learning training modules. Although staff were given protected time to complete e-learning training modules, we found that some of the modules were not implemented effectively; such as infection control e-learning training.

One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. Although we found that staff were well supported to attend training, discussions with the nurse prescriber indicated that they received support from the CCG pharmacist who regularly worked with the practice

and that there was no formal mentorship in place for this extended role. The nurse was unable to demonstrate how they stayed up to date with prescribing and best practice guidelines for the areas that they prescribed in.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

The practice had 18 patients on their palliative care register. The data provided by the practice highlighted that 61% of these patients had a care plan in place and 72% of the eligible patients had received a review in a 12 month period. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

There were 14 patients on the practices learning disability register, 57% of the eligible patients had received a medication review in a 12 month period. These patients were discussed as part of the MDT meetings to support the needs of patients and their families.

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Practice data highlighted that 33 patients were on the register, these patients were frequently reviewed in the practice and 64% had received a review in a 12 month period.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support.

- Practice data highlighted that they had offered smoking cessation advice and support to approximately 283 patients and 4 (1%) had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 79% to 100% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds ranged from 91% to 100% compared to the CCG average of 93% to 98%.
- The practice's uptake for the cervical screening programme was 65%, compared to the CCG average of

73% and national average of 82%. Although the practice offered reminders for patients and actively sent invites out for cervical screening appointments, staff explained that uptake remained low. We were provided with up to date cytology figures which demonstrated that uptake as of 2 August 2016 was at 64%, compared to the target of 80%. The GP explained that cervical screening was an area identified in the practice for improvement and the practice manager explained how they were hoping to promote cervical screening through a health promotion event once they had reformed their PPG (patient participation group).

- During our inspection we discussed failsafe systems for cervical screening tests to ensure that test results had been received for every sample sent by the practice. Discussions with the nurse prescriber highlighted that they did not have a failsafe system in place, but that some other members of the nursing team individually monitored test results in conjunction with every sample sent. This indicated that not all members of the nursing team were following the same process and posed a risk of ineffective failsafe systems due to inconsistencies in practice.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates were at 60% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 48% compared to the CCG and national averages of 58%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We observed a calm and friendly atmosphere throughout the practice during our inspection.

Results from the national GP patient survey (published in July 2016) showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Practice performance was above average for all areas of the national GP patient survey:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 100% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with five patients on the day of our inspection, patients told us they were satisfied with the care provided by the practice. Patients said their dignity and privacy was respected and staff were described as friendly, and helpful. Patients commented that the GP and locum GP often took the time to listen to patients and carefully explain care and treatment options.

We also received 38 completed CQC comment cards; there was a strong theme of positive comments on all cards. Comments described an excellent and efficient service and staff across all departments were described as helpful, caring and respectful. We noted that there were many detailed comments of where the GP had provided support to patients in different circumstances.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and completed comment cards highlighted that patients felt involved in decision making about the care and treatment they received. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There were 18 patients on the practice's register for carers; this was 1% of the practice list. The practice manager explained this was identified as an area to improve on and that they were hoping to improve carer awareness in the practice through a promotion event once they had reformed their PPG (patient participation group). During the inspection staff advised that they were planning to incorporate carer identification in to the form they used for new patient registrations.

Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Additionally, the GP had a background in Psychiatry and also offered bereavement counselling. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social

support to their patients who were living in vulnerable or isolated circumstances. The practice's multidisciplinary team meetings contained examples of where vulnerable and lonely patients were supported by the GPs and referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. The practice utilised the scheme for some of their patients who were experiencing poor mental health, living in isolation and feeling lonely. These patients were signposted to local support services including activity groups, mental health support as well as drug and alcohol support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a range of clinical services which were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Phlebotomy services and also immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- The practice held an in-house phlebotomy service every Monday morning so that patients could attend the practice for blood tests instead of needing to travel to the phlebotomy clinic at the local hospital.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Mondays until 7:30pm. The practice utilised text messaging appointment reminders to remind patients of their appointments.
- There were disabled facilities, hearing loop and translation services available. There was also a chemist based in the premises shared by the practice.
- There were a number of additional services and organisations situated in the premises shared by the practice; this included a pulmonary rehab service and a physiotherapy service which patients could access through referral from a healthcare professional.
- The practice offered a wide range of resources and information leaflets to patients. Information was available in a variety of easy to read formats.

Access to the service

The practice was open for appointments at an earlier time from 7:30am through to 6:30pm during weekdays.

Additionally, extended hours were offered on Mondays until 7:30pm. Pre-bookable appointments could be booked up four weeks in advance and urgent appointments were also available for people that needed them.

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

- 79% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 95% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 73% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to the service provided. Comment cards highlighted that appointments were available when needed and that patients never felt rushed during consultations.

Listening and learning from concerns and complaints

There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice website and leaflet also guided patients to contact the practice manager to discuss complaints. Although there was a system in place for handling complaints and concerns, staff explained that they had not received any formal complaints in writing. We saw that the GP had

Are services responsive to people's needs? (for example, to feedback?)

reflected on the one verbal complaint received in the practice during March 2016 as part of their appraisal process. The appraisal record demonstrated that the complaint was handled with openness and transparency.

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's vision was to provide patients with a high quality, caring service and to treat patients and one another with dignity and respect at all times. We spoke with six members of staff during our inspection, all of whom spoke positively about working at the practice. Throughout our inspection there was a strong theme of positive feedback from staff and staff commented that they felt valued and part of a close practice team. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for chronic disease management, as well as non-clinical leads in human resources and health and safety.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice specific policies were implemented and regularly reviewed. Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet system.

There were some records in place to support the practice's arrangements for identifying, recording and managing risks. However, we found that in some areas governance arrangements were not robust, for example:

- Records were not in place to provide assurance that appropriate recruitment checks had been completed for both non-clinical and clinical members of the practice team. We also found that there were no records of completed DBS checks for members of the nursing team.
- There was no evidence available during our inspection to support that the appropriate recruitment checks were completed for the locum GPs who worked at the practice.

- There was no evidence to demonstrate that the actions identified on the infection control audit had been effectively implemented and the infection control lead was unable to demonstrate how they kept up to date with infection control guidelines and best practice.
- During our inspection we found that records were not kept to support that medical equipment was regularly cleaned. Additionally, we found that although risks associated with legionella had been assessed, the practice had not completed the recommended actions which were highlighted on the risk assessment conducted in May 2016.
- Records were not kept in line with best practice guidance by Public Health England to ensure effective management of the cold chain (for the safe storage and handling of vaccinations).
- Although staff we spoke with said that fire evacuation procedures were practiced, we found that fire drills were not recorded.

Leadership, openness and transparency

The single handed GP and the practice manager formed the management team at the practice. The management team worked closely together and encouraged a culture of openness and honesty in the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns and make suggestions openly. The GP and the practice manager were visible in the practice and conversations with staff demonstrated that they were aware of the practice's open door policy.

The practice had a regular programme of practice meetings; these included monthly practice meetings and practice nurse meetings which took place every two to three months. Meetings were governed by agendas which staff could contribute to. We saw minutes of these meetings which highlighted that key items such as significant events and changes to policies and processes were discussed during the meetings.

The practice manager engaged with local practice managers by attending regular Dudley Practice Manager Alliance (DPMA) meetings; to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

Are services well-led?

Requires improvement 

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

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas. The GP we spoke with said that they often met and engaged with the two GP partners who led the practice which was based within the shared premises.

Seeking and acting on feedback from patients and the public

Staff we spoke with explained that there was previously an active patient participation group (PPG) at the practice. There were initially five PPG members, including three patient representatives from the other practice situated in

the practices shared premises. Unfortunately due to personal health circumstances the practice no longer had any active PPG representatives and the GP and practice manager explained that they were in the process of re-establishing a PPG. The GP explained that the PPG had impacted on many positive changes in the practice including the implementation of the phlebotomy service, supporting patients with online access and the suggestion to have a dedicated phone line for prescription queries. The practice manager explained that once a PPG was up and running again, they were exploring ways that the PPG could support the practice to improve on specific areas such as cervical screening and carer awareness in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>The arrangements for managing medicines and vaccinations were not always effective enough to ensure that patients were kept safe.</p> <p>There was a system in place for the prescribing of high risk medicines. However, we found that some areas of monitoring high risk medicines required improvement.</p> <p>The provider could not demonstrate compliance with relevant patient safety alerts, recalls and rapid response reports, such as those issued from the Medicines and Healthcare product Regulatory Agency (MHRA).</p> <p>The practice did not consistently follow an effective failsafe system for cervical screening tests to ensure that test results had been received for every sample sent by the practice.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</p> <p>Records were not kept to support that medical equipment was regularly cleaned.</p> <p>We found that the practice had not completed the recommended actions which were highlighted on their legionella risk assessment conducted in May 2016.</p>

This section is primarily information for the provider

Requirement notices

There was no evidence to demonstrate that the actions identified on the infection control audit had been effectively implemented and the infection control lead was unable to demonstrate how they kept up to date with infection control guidelines and best practice.

Fire drills were not recorded.

The practice did not have an induction pack for locum clinicians to use when working at the practice

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Human resource arrangements were not robust.

Records were not in place to provide assurance that appropriate recruitment checks had been completed for both non-clinical and clinical members of the practice team.

We also found that there were no records of completed DBS checks for members of the nursing team.