

St Mary's Surgery

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?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first inspected St. Mary's Surgery on 24 February 2016 as part of our comprehensive inspection programme. The practice was rated as inadequate and was placed into special measures. You can read the report from our last comprehensive inspection; by selecting the 'all reports' link for St Mary's Surgery on our website at www.cqc.org.uk. During the inspection in February 2016 we found the practice was in breach of a number of regulations. The breaches related to appropriate processes were not in place to mitigate risks in relation to the safety and quality of the services offered. This included health and safety risk assessments, the use of clinical audit to improve patient outcomes, reviewing and acting on patient safety alerts. The practice did not demonstrate that they had considered the availability of emergency medicines in order respond to emergencies.

Following the inspection the practice wrote to us to say what they would do to meet the regulations. We undertook this inspection on 13 December 2016 to check

that they had followed their plan and to confirm that they had met the legal requirements. Overall we found improvements had been made and the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Effective recruitment procedures had been implemented since the comprehensive inspection in February 2016. This included Disclosure and Barring (DBS) checks for staff who required them.
- Patients we spoke with on the day of the inspection were positive about the staff. We saw that staff were friendly and helpful and treated patients with kindness and respect.
- The practice had introduced a programme of audits that were driving improvement in patient outcomes.
- The management team had introduced team meetings on a monthly basis and clinical staff meetings every two weeks which were minuted to ensure all staff were kept up to date.

Summary of findings

- The practice had introduced formal governance arrangements to assess and manage risks and monitor the quality of the service provided. We saw a range of comprehensive risk assessments were in place such as health and safety, fire and infection control. There were adequate arrangements in place to respond to medical emergencies.
- A system had been implemented to ensure all patient safety alerts including alerts received from the Medicines Health Regulatory Authority (MHRA) alerts were reviewed, actioned and discussed with the practice team at clinical and staff meetings.
- We saw that following our comprehensive inspection in February 2016, the practice had carried out an audit to ensure patient's records were coded appropriately and being utilised and updated regularly.
- The practice had implemented the use of nationally recognised guidance, including guidelines issued by NICE (National Institute for Health and Care Excellence).
- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.

- The provider was aware of and complied with the requirements of the duty of candour.
- There was a clear leadership structure and staff felt they were supported by the practice manager and GPs. The practice had set up a patient participation group (PPG), which was in its infancy; there was evidence that the group was committed to working with the practice to improve the service.

There are areas where the provider should make improvements:

- Continue to review the carers register to identify patients who are carers and may need support.
- Review the referral process to ensure comprehensive information includes the patient's history, current medicines and the reason for referral.
- Encourage a greater proportion of patients with a learning disability to receive an annual health check.
- Review current processes for the recording of staff immunisation status to ensure records are kept up to date.
- Review options to notify landlords of work that is required to ensure completion of actions identified.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

Good



- There were systems in place to monitor safety. These included systems for reporting incidents, significant events which included positive learning events, near misses, as well as comments and complaints received from patients. The practice had introduced monthly meetings to discuss lessons learnt and implement action plans. Risk assessments were in place. This included health and safety risk assessments. The practice was using the National Reporting Live System (NRLS) which is a central database of patient safety incident reports to report significant events.
- An effective system had been implemented to ensure all alerts were reviewed and acted on appropriately, including alerts received from the Medicines Regulatory Health Authority (MHRA).
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were able to explain how safeguarding concerns were raised and dealt with, there was a safeguarding lead and all staff had received the appropriate training for their role.
- When we inspected the practice in February 2016 we found that the practice did not have effective systems in place to support their internal recruitment procedures. The practice had since introduced a new system to ensure that effective recruitment checks were in place, including Disclosure and Barring (DBS) checks for staff that required them.
- During our comprehensive inspection in February 2016 we identified gaps in the arrangements for managing emergency medicines. We noted improvements had been made during our most recent inspection and all the recommended medicines to deal with an emergency were in place and regularly monitored.

Are services effective?

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. Data showed that patient outcomes were at or above average

Summary of findings

compared to the national average. The most recent published results 2015/16 showed the practice had achieved 97% of the total points available, compared to the national average of 95%.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- There was evidence of quality improvement including clinical audits. The practice had completed audits such as an audit of the coding process for medical conditions and patient consultations to assess if patients concerns were documented and acted on appropriately.
- Staff worked with multidisciplinary teams in managing the needs of patients with long term conditions and complex needs and we saw evidence of meetings that had taken place on a quarterly basis.

Are services caring?

Good



- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Results from the latest national GP patient survey showed 100% of patients had confidence in the last GP they saw. This was higher than the CCG average of 96% and the national average of 95%.
- The practice's computer system alerted staff if a patient was a carer. The practice had improved its system for identifying carers. One of the reception staff acted as a care co-ordinator and regularly reviewed the carers register. This had resulted in an increase from four to 18 carers. This represented 0.7% of the practice list.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Patients could access appointments over the telephone, online or in person. Extended opening hours were also available. The practice had introduced an early morning clinic since October 2016.

Summary of findings

- Results from the GP patient survey of July 2016 showed 90% of patients found it easy to get through to the practice by telephone. This was higher than the CCG average of 76% and the national average of 73%.
- 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
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

- The practice had a clear vision and strategy to offer quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff also spoke positively about working at the practice and said that they felt well supported. Monthly practice meetings included agendas which staff could contribute to.
- Clinical meetings had been introduced and clinical staff told us they found these beneficial to discuss patients' needs and review patients' outcomes.
- The practice had introduced formal governance arrangements to assess and manage risks and monitor the quality of the service it provided. A range of comprehensive risk assessments were in place including health, and safety, fire and infection control.
- The practice had implemented a business development plan to monitor and review current and future service provision.
- The provider was aware of and complied with the requirements of the duty of candour. The GP partners encouraged a culture of openness and honesty.
- The practice was proactively seeking feedback from patients and had set up a patient participation group which was in its infancy and had met twice at the time of inspection with a further meeting planned for December 2016.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned hospital admissions.
- Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated. The practice worked closely with multi-disciplinary teams so patients' could be safely supported in the community.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data supplied by the practice showed 205 patients were aged 75 years and over and of these, 91 patients had received a health check in the past 12 months.
- The clinical commissioning group pharmacist carried out medication reviews and held regular meetings with the GPs to discuss patient's needs.
- The practice had identified patients in need of palliative care and had set up a palliative care register. Data supplied by the practice showed there were 44 patients on the register. A member of staff had been trained as a palliative care co-ordinator and regularly liaised with the palliative care nurses to ensure patients' needs were being met. Meetings with the palliative care team were held every three months.

People with long term conditions

Good



- The nurse had lead roles in chronic disease management and monitored and reviewed patients with long term conditions and patients at risk of hospital admission were identified as a priority.
- The nurse had trained as a specialist practitioner and could prescribe a range of medicines within their role as lead for chronic disease management. The nurse had completed the relevant training to carry out initiation of insulin for diabetic patients.
- Longer appointments and home visits were available when needed.

Summary of findings

- Flu vaccinations were proactively offered to patients with long term conditions. For example, the practice had 87 patients on the Chronic Obstructive Pulmonary Disease (COPD) register and 99% of these patients had received their flu vaccination. This was comparable to the national average of 97%.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that multidisciplinary team meetings were held every three months.

Families, children and young people

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- Appointments were available outside of school hours and the premises were suitable for children. Baby changing facilities were available and the premises were easily accessible for pushchairs.
- We saw positive examples of joint working with the midwives. The midwife provided antenatal care every week at the practice. The practice told us that the health visiting service was currently undergoing a restructure and the practice requested monthly meetings from January 2017 when the new team was in place.
- The nurse offered immunisations to children in line with the national immunisation programme and immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.

Good



Working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had adjusted some of its services by offering extended opening

Good



Summary of findings

hours on a Monday evening from 6.30pm to 7pm and Tuesday mornings from 7.30am to 8am. This benefited patients who were unable to attend the practice during normal opening hours.

- The practice had set up a website which included information on the practice and the services available and also gave patients access to online services, including appointment bookings and ordering of repeat medicines.
- The practice offered electronic transfer of prescriptions (EPS) to local pharmacies and the Patient Participation Group were looking at ways of promoting this service to patients.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments for people with a learning disability. Data provided by the practice showed that there were 16 patients on the learning disability register, however only three had received their annual health checks within the last 12 months. The practice attributed this to the current shortage of nursing staff as one of the practice nurses had left.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every three months.
- A hearing loop was available for patients who had hearing difficulties and an interpreting service was available. One of the reception staff had also been trained in British Sign Language to support patients with a hearing impairment.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Data supplied by the practice showed there were 17 patients on the dementia register and of these 80% had their care plans reviewed in the past 12 months. This was comparable to the national average of 78%.
- The community mental health team were situated in the same building as the practice and the GPs could refer patients to receive support with their mental health needs.
- The latest published QOF data for 2015/16 showed 91% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months. This was comparable to the national average of 88%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing better than local and national averages for patient satisfaction. Three hundred and twenty eight survey forms were distributed and 109 were returned. This represented 4% of the practice list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 87% of patients 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 the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the 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 received 22 comment cards which were all positive about the standard of care received. Comments received included how excellent the service was and how helpful the staff were.

We spoke with three patients during the inspection including the chair of the patient participation group (PPG). All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review the carers register to identify patients who are carers and may need support.
- Review the referral process to ensure comprehensive information includes the patient's history, current medicines and the reason for referral.
- Encourage a greater proportion of patients with a learning disability to receive an annual health check.
- Review current processes for the recording of staff immunisation status to ensure records are kept up to date.
- Review options to notify landlords of work that is required to ensure completion of actions identified.

St Mary's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC Inspector.

Background to St Mary's Surgery

St. Mary's Surgery is situated in Bloxwich, Walsall and provides primary medical services; with a registered patient list size of approximately 2700 patients. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice is located in a purpose built health and social care centre and shares the facilities with other NHS Services, including five other GP practices. The demographic area served by the practice is ranked as one of the highest deprived areas compared to England as a whole and ranked as one out of 10, with 10 being the least deprived. The team consists of two GP partners (both male) and one long term locum GP (female). There is an independent nurse prescriber and a phlebotomist. There is a practice manager, and four administration staff who share the responsibilities for reception and administrative tasks.

The practice is open between 8am to 6.30pm Mondays, Tuesdays, Wednesdays and Thursdays and on Fridays 8am to 1pm. Extended opening hours are available from 6.30pm to 7pm on Mondays and 7.30am to 8am Tuesdays. The practice closes the last Wednesday afternoon of each

month for staff training/meetings. Emergency appointments are available daily and telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the practice. When the practice is closed for training and on Friday afternoons, the practice has a contract with Badger an out of hours provider. Outside of normal opening hours, the out of hours service is provided by Primecare and the NHS 111 service.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serves communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to manage commissioning responsibilities for local health services.

Why we carried out this inspection

On 24 February 2016 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 provider was not meeting the requirements of the regulated activities and was placed in special measures. This inspection on 13 December 2016 was to review if the outstanding actions identified had been implemented. The inspection was planned to check whether the provider was meeting the regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and 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 an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed some of the practice's policies and procedures

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 CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach for reporting incidents and significant events, staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's 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 and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and held monthly meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed 10 significant events that had occurred between June 2016 and November 2016. We saw evidence of a significant event that had occurred relating to a missing emergency medicine. This had been investigated and reported to the National Reporting Live System (NRLS), which is a central database to report patient safety incidents. Lessons learnt had also been shared with the practice team and action was taken to reduce the risk of re occurrence. Significant event records were well organised, clearly documented and continually monitored.
- During our comprehensive inspection in February 2016 we found that patient safety alerts including alerts received from Medicines Health Regulatory Authority (MHRA) were not acted on effectively. A system had since been implemented to ensure all alerts were reviewed, actioned and discussed with the practice team at clinical and staff meetings. We saw evidence of an alert that had been received in October 2016 relating to the dosage of a specific medicine which had been acted on. The practice ran a search on the computer system and two patients were identified as being on this

medicine. Both patients had their medication doses changed. A second search was completed in November 2016 and no further patients were identified as being on this medicine.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level three and the nurse practitioner to level two.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules were in place for all areas of the practice, including clinical equipment.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff had received regular training. Annual infection control audits were undertaken. The last audit had been completed on 6 January 2016 which was before our last inspection in February 2016; the practice scored 86 points out of a total of 100. We saw evidence of an action plan to address improvements identified and confirmation that some of the actions had been completed as a result. For example, Control of Hazardous Substances (COSHH) data sheets were in place for cleaning agents. However, there were still some outstanding actions, for example, soap dispensers were not situated in close proximity to the sinks. The

Are services safe?

practice told us that these areas were outside of their control and the responsibility of the landlord however, there was no evidence that discussions had been held with the landlord in an attempt to resolve the issues. Since the inspection we have received confirmation that the soap dispensers have been moved and are situated above the sinks.

- The practice did not keep records to support that staff were up to date with all the immunisations recommended for working in general practice. The practice held a register of staff immunisation for Hepatitis B, but there were no records available for other recommended immunisations such as mumps and rubella (MMR) vaccines. We were told these were stored by the CCG occupational health department.
- The arrangements for managing medicines, including 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Uncollected prescriptions were reviewed every three months and passed to the GP for review and further action.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs provide a legal framework that allows health professionals to supply and/or administer a specified medicine to patients, without them having to see a doctor).
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The practice had introduced a new system to ensure that effective recruitment checks were in place. We reviewed three 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.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- The practice had introduced formal governance arrangements to manage and assess risks and monitor the quality of the service it provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, completed risk assessments and evidence of safety checks. A range of comprehensive risk assessments were in place where risks associated with health, safety and infection control were monitored and mitigated. There were effective systems in place for the management of risks to patients and there were adequate arrangements in place to respond to medical emergencies.
- The practice had up to date fire risk assessments and carried out regular fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out risk assessments for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A system was in place for all the different staffing groups to ensure enough staff were on duty to meet patients' needs. The practice had identified a shortage in nursing hours due to the resignation of one of the practice nurses. The practice was in the process of reviewing current nursing provision with the nurse prescriber to increase nursing hours and recruitment of new staff.

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 alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The practice had medicines to deal with an emergency including a defibrillator and oxygen with adult and

Are services safe?

children's masks these were regularly monitored to ensure they were in date and in good working order. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on an internet application held by the GP and practice manager which could be accessed remotely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed the needs of their patients 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. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) For 2015/16 the practice had achieved 97% of the total QOF points available. This was comparable to the CCG average of 97% and national average of 95%. Exception reporting rate was 6% which was lower than the CCG average of 8% and the national average of 10%. (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. Usually lower exception reporting means that more patients are treated).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 97% which was higher than the CCG average of 93% and national average of 90%. Exception reporting rate was 6% compared to the CCG average of 9% and the national average of 11%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 94% and national average of 93%. Exception reporting rate was 1% compared to the CCG average of 5% and the national average of 11%.

- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG and national averages of 96%. Exception reporting rate was 7% compared to the CCG and national averages of 12%.

The practice had introduced a programme of regular clinical audits including a review of areas identified for improvement at the previous inspection in February 2016. We reviewed two audits where improvements had been implemented and monitored. For example, a clinical audit was completed for patients on a medication to lower their cholesterol. The audit identified 12 patients who required a review. All 12 patients were seen and their medicines were updated accordingly.

An audit had also been completed of patients' records which included a review of medical conditions and patient consultations to ensure patients concerns were documented and acted on appropriately.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, we saw antibiotic prescribing data (August 2015 to August 2016) in which the practice had been benchmarked against other practices in the locality. This showed the practice had reduced their antibiotic prescribing and was performing within local targets.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through training courses. For example, nurses were supported to attend study days, such as updates on immunisations and cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussions at practice meetings.

Are services effective?

(for example, treatment is effective)

- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to the nurses with regards to revalidation. The GPs were up to date with their yearly continuing professional development requirements.
- Staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, on reviewing patient records, we found there were gaps in the information included in the referrals to secondary care. For example, history of patients' previous conditions and current medication.
- 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- The practice held palliative care meetings every three months with other healthcare professionals to discuss the care and support needs of patients receiving end of life care as well as their families and we saw minutes in place to support this.
- Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service to ensure continuity of their care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- 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 advice. Patients were signposted to relevant services. Data provided by the practice showed, at the time of our inspection, they had 561 patients registered who were current smokers and 91% of them had received smoking cessation advice and support.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; results were comparable to the CCG and national averages. For example,

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

- 75% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.
- 55% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78%

to 100% compared to the CCG average of 74% to 99% and national average of 74% to 95%. For five year olds the rates ranged from 78% to 100% compared to the CCG average of 73% to 99% and national average of 81 to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 advised that a private room was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the GPs listened and gave enough time to discuss concerns and staff were helpful and polite and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs were higher than the Clinical Commissioning Group (CCG) and national averages. For example:

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 95% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

Results for consultations with nurses were comparable to the CCG and national averages. For example:

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

Results for helpfulness of receptionists were higher than the CCG average and national average. For example:

- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 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 positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed higher than average results to questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available and one of the reception staff had trained in British sign language.

Are services caring?

- Information leaflets were available in easy read format and in a range of languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

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. There were 18 patients on the practice's register for carers; this was 0.7% of the practice list. This was an improvement since the last inspection in February 2016 when four patients had been identified as carers. One of the administration staff was the lead for supporting patients and their families if they were carers or suffered bereavement.

Staff told us that if families had suffered bereavement, the practice sent a bereavement card and contacted the family to offer support and advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, online and face to face.
- The practice offered extended opening times to see a GP on a Monday from 6.30pm to 7pm and a Tuesday from 7.30am to 8am. This was for working patients who could not attend during normal opening hours.
- A practice website had been implemented which included a range of information on services available, support groups and offered online services including the booking of appointments and the ordering of repeat medicines.
- The practice also offered telephone consultations for patients who needed advice over the phone. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were longer appointments available for people with a learning disability, for carers and patients experiencing poor mental health.
- Same day appointments were available for children and those patients with medical problems who required same day consultations.
- There were vaccination clinics for babies and children and patients were also able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- Disabled and baby changing facilities were accessible and clean.
- There were translation services available. A hearing loop was in place and one of the reception staff was trained in British sign language to support patients with a hearing impairment.
- The practice offered a variety of services including cervical screening and phlebotomy.

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example, diabetes health checks.

Access to the service

The practice was opened between 8am and 6.30pm Monday to Thursday and 8am to 1pm Friday. Appointments were available Monday 8am to 11.30am and 5pm to 6.30pm, Tuesday, Wednesday and Thursday 8.30am to 11.30am and 4pm to 6pm, Friday 8.30am to 11.30am. The practice was not open on Friday afternoons. The practice offered extended hours on Mondays from 6.30pm to 7pm and Tuesdays from 7.30am to 8am. Appointments could be booked up to eight weeks in advance; urgent appointments were also available on the day for patients that needed them.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment were higher than the CCG and national average. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 79%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

All of the 22 comment cards we received reflected the patient survey results. The practice had carried out an in house survey during November 2016. 51 questionnaires were completed. The results showed 48 patients had been able to see a GP the same day or within 48 hours of requesting an appointment.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- The practice leaflet and guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received since June 2016 and saw that these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared with staff and where required action was taken to improve safety in the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and strategy to provide primary health care to patients. We spoke with four members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a quality service to patients.

The practice had clear plans in place for the services offered to patients and we saw evidence of changes being implemented. A business development plan was in place and was reviewed regularly.

Governance arrangements

At the comprehensive inspection in February 2016 we identified that some governance arrangements were in place, but these were not effective in the management of risks. At this inspection we found the practice had introduced formal governance arrangements to manage and assess risks and monitor the quality of the service it provided. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies and protocols were well organised and available as paper copies and on the practice intranet. Staff we spoke with said policies were easily accessible and demonstrated that they understood key policies such as whistleblowing and safeguarding.
- Practice staff had an understanding of the performance of the practice and had systems in place to ensure patients received regular reviews of their conditions. The practice performed well nationally in QOF and with patient satisfaction.
- Comprehensive risk assessments were in place and risks associated with health and safety, fire and infection control were well monitored.
- An effective system had been put in place to monitor and act on Patient Safety Alerts, information from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).
- A programme of auditing had been introduced to ensure quality improvement was being implemented and monitored on a regular basis.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as

the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

- The practice held regular meetings; these included monthly meetings for all staff to discuss significant events and complaints. Multidisciplinary (MDT) meetings were held every three months. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

Leadership and culture

On the day of inspection the GP partners told us they prioritised safe and compassionate care. The practice manager and GPs formed the management team at the practice. Staff told us that it was a team environment, and the practice manager and GPs were approachable and listened to them.

The practice manager had commenced a human resource management course at Walsall College and we saw a range of improvements in the management of the practice. This included the implementation of risk management procedures, effective recruitment checks; formal staff meetings governed by an agenda which staff could contribute too, reviews of patients' comments and the support of the newly formed patient participation group (PPG).

Staff we spoke with confirmed that they were actively encouraged to raise concerns and demonstrated that they were aware of the practice's open door policy. Staff spoken to also said they could suggest improvements openly with the practice manager and GPs.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support a verbal and written apology

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The PPG had been set up since the last inspection in February 2016 and was still in its infancy. Two meetings had been held and the current group consisted of five members. We spoke with the chair of the group as part of our inspection who told us he was keen to encourage more patients to join the group and felt the practice were being very supportive in encouraging the group to become more active.
- Clinical meetings were held every two weeks to discuss patients' needs and planning of care.

- Staff meetings were held every month to discuss complaints and significant events. Staff told us they had been kept up to date with the changes and developments in the practice.
- The practice manager had a system for monitoring staff development and was completing regular staff reviews.

Continuous improvement

Since the comprehensive inspection on 24 February 2016 the practice had been on a journey to improve patient outcomes, and the quality of services provided. The practice had made improvements and addressed the actions identified. Processes were in place to ensure effective monitoring of risks. Audits had been completed to demonstrate quality improvement. Policies and procedures were in place to support and guide staff and there were regular staff meetings with formal agendas to ensure effective communication within the team.