

# Tettenhall Medical Practice

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tettenhall Medical Practice on 9 May 2017. Overall the practice is rated as requires improvement.

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.
- Formal arrangements were in place for recording and reporting on significant events but documented evidence was not available to show any changes made were monitored to confirm improvements are appropriate.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Some risks were managed, but action was needed in the areas of medicines management, staff recruitment, health and safety training.
- Staff had received some training appropriate to their roles but appraisals and development plans had not been completed for over 12 months.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice was well equipped and maintained to treat and meet patients' needs.
- Clinical audits were carried out and demonstrated improvement.
- There was a leadership structure and staff felt supported by management.
- The practice was aware of and complied with the requirements of the duty of candour.

**The areas where the practice must make improvements are:**

# Summary of findings

- Ensure national guidelines for children who do not attend for hospital events are followed at all times.
- Ensure necessary employment checks are completed for all staff employed and the required information in respect of persons employed by the practice is held.
- Ensure that the practice protocols are reviewed so that all staff have up to date training related to health and safety such as fire safety and infection control.
- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure that all Patient Group Directions (PGDs) are up to date and signed by a GP and the practice nurses before administering the specific medicines included in PGDs to patients.

## **The areas where the practice should make improvements are:**

- Ensure the minutes of meetings are sufficiently detailed to show that any changes made following significant events are appropriate and prevented further occurrences.
- Introduce a formal system for monitoring the security of blank computer prescription forms.

## **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 requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Records of practice meetings where significant events were discussed did not demonstrate that ongoing monitoring of events had taken place to ensure that systems put in place were appropriate.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- However the practice could not confirm that all risks to patients were assessed and well managed.
- The practice had not ensured that arrangements were in place for staff to be trained to manage environmental risks such as fire safety to ensure patients were kept safe.
- The practice had not noted that the blinds at windows in the waiting room were unsafe. Action was taken at the time of the inspection to address this.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance. However systems for disseminating guidance and ensuring appropriate action was taken were not in place.
- Clinical audits demonstrated improvement.
- Practice nurses ensured that they had the skills and knowledge to deliver effective care and treatment.
- Staff had not received an appraisal or been provided with the opportunity to develop personal development plans over the past two to three years.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 177 carers on its register. This represented 1.5% of the practice population, which was above the expected one percent.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered extended opening hours on Monday evenings, which enabled appointments to be made outside of traditional working hours.
- There was continuity of care, with urgent appointments available the same day.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from nine examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a vision and strategy and staff were aware of their responsibilities in relation to these.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Requires improvement



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. In records we reviewed, we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff. However, changes made were not monitored to confirm they were appropriate.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. This included the absence of appropriate arrangements for the safe management of high risk medicines, recruitment checks which were not completed for all staff and a lack of updated training in health and safety related topics such as fire safety and infection control.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for effective, caring and responsive services and this includes for this population group. However the practice was rated as requires improvement for safe and for well-led services, the concerns which led to these ratings apply to everyone using the practice, including this population group.

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

**Requires improvement**



### People with long term conditions

The practice is rated as good for effective, caring and responsive services and this includes for this population group. However the practice was rated as requires improvement for safe and for well-led services, the concerns which led to these ratings apply to everyone using the practice, including this population group.

- The GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice performance in diabetes related clinical indicators for 2015/16 was higher than the local CCG and England averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time, was 87% compared with the CCG average of 75% and England average of 78%.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as good for effective, caring and responsive services and this includes for this population group. However the practice was rated as requires improvement for safe and for well-led services, the concerns which led to these ratings apply to everyone using the practice, including this population group.

- Immunisation rates were higher overall for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had access to health visitors to discuss childhood development, immunisations and pre-school checks.
- Community midwives carried out an antenatal clinic one morning per week to support the care of pregnant women,
- The practice's uptake for the cervical screening programme of 82% was higher than the local Clinical Commissioning Group (CCG) average of 78% and the England average. An active call and recall system was in place.
- Protected daily appointments were available for children of all ages and children aged under the age of one were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

Requires improvement



## Working age people (including those recently retired and students)

The practice is rated as good for effective, caring and responsive services and this includes for this population group. However the practice was rated as requires improvement for safe and for well-led services, the concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for effective, caring and responsive services and this includes for this population group. However the practice was rated as requires improvement for safe and for well-led services, the concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of 22 patients with a learning disability and offered this group of patients longer appointments.
- The practice was alerted to patients whose circumstances may make them vulnerable or may present a risk to ensure that they were registered with the practice if appropriate.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the management of vulnerable patients.

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for effective, caring and responsive services and this includes for this population group. However the practice was rated as requires improvement for safe and for well-led services, the concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was the same as the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2015/16 showed that 91% of patients who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was higher than the CCG and England averages of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed that 216 surveys (1.8% of patient list) were sent out and 113 (53%) responses, which is equivalent to 0.9% of the patient list, were returned. The practice was performing higher overall compared to the local and national averages in several areas. For example:

- 85% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 92% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 92% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 89% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).
- 85% of the patients who responded said they would definitely or probably recommend their GP surgery to someone new to the area (CCG average 73%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 41 comment cards, which were mostly positive about the standard of care received at the practice. Patients said that the service was excellent, that staff were kind, helpful, professional, caring and polite. We spoke with eight patients; two of the patients were members of the practice patient participation group. PPGs are a way for patients to work in partnership with a GP practice to

encourage the continuous improvement of services. The PPG members said they worked closely with the practice and were encouraged by the staff to make suggestions to support improvement of the services provided. All the patients told us that they were happy with the service, were not rushed and felt that the staff took the time to listen. Concerns raised in one of the comment cards were related to access to appointments.

The practice monitored the results of the friends and family questionnaire monthly. The results for the period April 2016 to March 2017 showed that 761 responses had been completed and of these, 644 (85%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 62 (8%) patients were likely to recommend the practice. The remaining results showed that ten (1.3%) patient was neither likely or unlikely to recommend the practice, 21 (2.8%) patients were unlikely to recommend the practice and two (0.26%) patients stated that they did not know if they would recommend the practice. Comments made by patients in the family and friends tests were in line with comments we received. 92% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%). 92% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%). 89% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%). 85% of the patients who responded said they would definitely or probably recommend their GP surgery to someone new to the area (CCG average 73%, national average 78%).

## Areas for improvement

### Action the service MUST take to improve

- Ensure national guidelines for children who do not attend for hospital events are followed at all times.
- Ensure necessary employment checks are completed for all staff employed and the required information in respect of persons employed by the practice is held.
- Ensure that the practice protocols are reviewed so that all staff have up to date training related to health and safety such as fire safety and infection control.

# Summary of findings

- Ensure systems are put in place for the proper and safe management of medicines.
- Ensure that all Patient Group Directions (PGDs) are up to date and signed by a GP and the practice nurses before administering the specific medicines included in PGDs to patients.

## Action the service **SHOULD** take to improve

- Ensure the minutes of meetings are sufficiently detailed to show that any changes made following significant events are appropriate and prevented further occurrences.
- Introduce a formal system for monitoring the security of blank computer prescription forms.

# Tettenhall Medical Practice

## 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 adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Tettenhall Medical Practice

Tettenhall Medical Practice is registered with the Care Quality Commission (CQC) as a partnership and provides services over two sites within the Wolverhampton area. The main practice is based at Lower Green Health Centre and the branch is located at Wood Road Health Centre. For this inspection a visit was made to the main practice site. The practice and branch have good transport links for patients. The practice is a single storey building providing level access for patients and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 12,000 patients over the two sites. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations, minor surgery and extended hours.

The practice team consists of five GP partners, four male and one female. All the GPs work nine sessions each per week. Other clinic staff include three practice nurses, one works full time and the other two part time and a health care assistant works part time. Clinical staff are supported by a practice manager, an assistant practice manager and 17 administration / receptionist staff. In total there are 28

staff employed either full or part time hours to meet the needs of patients across both sites. The practice also uses a regular female locum GP to support the practice and meet the needs of patients when the female GP is on holiday.

The main practice Tettenhall Medical Practice is open Monday 8am to 8pm and Tuesday to Friday between 8am and 6.30pm. The branch is open Monday, Tuesday and Thursday 8am to 6.30pm and Wednesday and Friday 8am to 1pm. Appointments at the main practice are offered Monday to Friday 8.30am to 10.30am, 3.30pm to 7.30pm Monday and 3.30pm to 5.30pm Tuesday to Friday. Appointments at the branch site are available between 8.30am to 10.30am Monday to Friday and 3.30pm to 5.30pm Monday, Tuesday and Thursday. The branch practice is closed Wednesday and Friday afternoon. The practice offers pre-booked extended hours appointments on Monday Evenings at the main practice. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Vocare via the NHS 111 service.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 9 May 2017.

During our visit we:

- Spoke with a range of staff including the Partners, practice managers, practice nurse, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff were instructed to report and record any accidents or near misses. Staff told us they would inform the practice manager of any incidents. A recording form was 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, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports and minutes of meetings where significant events were recorded and discussed. Records we looked at showed that nine significant events, both clinical and operational had occurred over the past 12 months. One of the events involved a delay in changing a patient's medicines following a hospital appointment. The cause of the delay was identified, detailed records written and appropriate action taken to ensure the medicine changes were made. The significant event reports were detailed and showed that significant events were discussed, learning identified and details of the action agreed recorded. Significant events were a regular agenda item at clinical staff meetings, however there was a lack of information to confirm that changes made were appropriate. The practice nurses we spoke with was able to recall some details related to recent events.

There was an effective system for the active management of safety alerts with evidence of recent reviews and action taken available. The practice managers received the alerts and disseminated them to each GP for follow up. The GPs completed a safety alert form to confirm the action taken if appropriate. Discussions with the GPs showed that they were aware of recent medicine alerts. We saw that a record of all medicine and equipment safety alerts was maintained. The information recorded included evidence of the action taken by the practice to address the alerts.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Safeguarding was a set agenda item for discussion at the weekly practice clinical meetings. The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice did not routinely review monitor children who did not attend hospital appointments and immunisation appointments. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. There were 37 children on the practice at risk register and regular monitoring reports were prepared. Suspected safeguarding concerns were shared with other relevant professionals such as social workers and the local safeguarding team.
- Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. All staff had received chaperone training. Staff files showed that c 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 had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment, which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. One of the nurses was the clinical lead for infection control. We found that not all clinical staff had received occupational health checks, for example hepatitis B status.
- The arrangements for managing medicines, including emergency medicines and vaccines, at the practice mostly kept patients safe (including obtaining,

## Are services safe?

prescribing, recording, handling and disposal). The practice had allocated one of the senior receptionists to monitor and manage uncollected prescriptions. Uncollected prescriptions were checked every two months. Prescriptions that were more than two months old were removed referred to the GP and the patients records updated and coded. In the absence of the allocated receptionist this role was carried out by the practice/assistant manager. This procedure was detailed in the practice prescription security protocol which was accessible to all staff. All repeat prescriptions were authorised by the GP partners who was also responsible for checking or arranging blood tests where appropriate. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We found that the practice could not confirm that the computer prescription forms were appropriately secured during the evening and at night. 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. The CCG pharmacist created a patient search system to support the practice staff to check patients on high risk medicines. These patients were checked monthly by a practice nurse to ensure blood tests had been completed.

There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored. We looked at examples of the practice performance with the management of high risk medicines. We looked at the management of a medicine used to treat certain types of cancer, treat severe psoriasis and rheumatoid arthritis. We saw that all patients on this medicine had up to date tests completed before they were issued repeat prescriptions. We found that most high risk medicines were appropriately monitored. However, there were some areas where the monitoring of high risk medicines was not fully effective. For example, data we looked at showed that 295 of 1534 (19%) patients taking medicines to treat high blood pressure and/or heart failure were overdue for a specific blood test, 144 (9%) were 36 months overdue. The GP partners told us they would review the data for accuracy. The practice carried out a review and sent us details of the outcome the day following the inspection. The review showed a

significant difference and 47 (3%) patients were within the 36 months category. The review showed that patients were offered an appointment to attend the practice for the blood test.

Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. We found that the PGDs had not been signed by a GP or the practice nurses and some of the PGDs were out of date. The practice nurses ensured that effective systems were in place for ensuring that medicines were stored in line with manufacturers' guidance and legislative requirements. This included for example daily checks to ensure medicines were kept within a temperature range that ensured they were effective for use. We saw that the temperature of the fridge was recorded and monitored daily. The practice had purchased a thermometer that would provide data on the continuous temperature of the fridge.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. A register of all controlled drugs was maintained and they were regularly checked. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. We noted that the practice had some controlled medicines which were dated 2014 and had not been destroyed. These were however accounted for in the register. The practice assured us that they would make appropriate arrangements for the destruction of the medicines. At the last inspection in December 2014, we found that some of the medicines carried by GPs were out of date. We saw that this had been appropriately addressed. The assistant practice manager was responsible for checking the GPs bags and had put an effective system in place to ensure that the medicines were regularly checked and replaced when required. We found that the checks were carried out and the medicines were in date.

- We reviewed five personnel files and found that there appropriate checks had been completed However not all recruitment checks had been undertaken prior to



## Are services safe?

staff employment. For example, there was no evidence of identification checks in three of the files and there was an absence of appropriate reference in two files. The practice used GP locums to support the clinicians and meet the needs of patients at the practice. The same GP locums were used, which supported continuity of care for patients. The practice provided evidence of the required checks such as DBS checks and qualifications to confirm that locum staff were suitable to work with patients at the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There was a health and safety policy available. The practice had risk assessments in place to monitor the safety of the premises, which covered all the clinical rooms. An assessment of the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The NHS property services team ensured that fire risk assessments and fire drills were carried out, however the practice had not ensured that its staff had received training in fire safety. All electrical equipment had up to date checks completed to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence that a recent legionella risk assessment had been completed by an external company on behalf of NHS property services. Legionella is a term for a particular bacterium, which can contaminate water systems in buildings. One of the managers told us that NHS property services who owned the premises regularly flushed all of the water outlets to reduce the risk of legionella. Records were available to confirm this.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. The GP partners provided cover for each other at times of absence and annual leave. The practice also used a regular female locum GP to support the practice and meet the needs of patients when the female GP was on holiday. The GP locum was given a pack with information about the practice.

We noted that the blinds hung at windows in the waiting room and consulting/clinical rooms had loose cords, which was easily accessible to children. The department of health had published an alert on looped cords and chains on window blinds in 2010 due to the identified risk of harm from strangulation to children and vulnerable adults. The alert recommended that risk assessments should be carried out on looped blind cords, primarily in healthcare environments where children and vulnerable adults are commonly present. The practice had not taken action to address the recommendations made by the alert and a risk assessment had not been carried out. The practice looked at the best way to secure the loose cord at the time of the inspection. The partners and practice manager told us that a risk assessment would be completed and the property services team responsible for the premises contacted to find out what action they would take to address this.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system and red alert button on the computers in all the consultation and treatment rooms, which alerted staff to any emergency. Staff were able to provide examples of when the emergency alert system had been used. For example, for a child following immunisation.
- All staff had received annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult and children's masks. A first aid kit and accident book were available
- Emergency medicines were held and were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- An up to date business continuity plan detailed the practice's response to unplanned events such as loss of power or water system failure. The plan included emergency contact numbers for staff and copies of the plan were kept off site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice nurses showed us examples of NICE treatment guidance referred to included diabetes, asthma and coronary heart disease. The practice used electronic care plan templates to plan and monitor the care of patients with long term conditions. However, the practice did not have a formal system in place for discussing and disseminating the guidance and to ensure appropriate and timely action was taken.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 99.9% of the total number points available for 2015/16 this was higher than the local Clinical Commissioning Group (CCG) average and the national averages of 95%. The practice clinical exception rate of 11.3% was higher than the CCG average of 8.7% and the national average of 9.8%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2015/16 showed:

- The practice held a patient register of 685 patients with diabetes. The practice performance in three diabetes related indicators was higher than the local CCG and England averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 87% compared with the CCG

average of 75% and England average of 78%. The practice exception reporting rate of 21% was higher than the local average of 11.5% and the England average of 12.5%.

- The practice held a patient register of 128 patients with COPD. Performance for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 94%. This was higher than the local CCG average of 92% and England average of 90%. The practice exception reporting rate of 4.7% was lower than the local CCG average of 7.8% and the England average of 11.5%.
- The practice held a patient register of 75 patients with mental health illnesses. Performance for mental health related indicators was higher than the local CCG and England averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 91% compared to the local CCG and England average of 89%. The practice clinical exception rate of 6.7% was lower than the local CCG average of 7.6% and England average of 12.7%.
- The practice held a patient register of 151 patients with dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% the same as the local CCG and England averages. The practice clinical exception rate of 7.3% for this clinical area was higher than the local CCG average of 6.1% and the England average of 6.8%.

The practice maintained registers of all patients with specific health problems, which included chronic diseases such as asthma, diabetes and mental health disorders. The practice was aware of the clinical areas where the exception reporting was higher than the local CCG and England averages. The practice employed four practice nurses to support the review of patients with long-term conditions and there was an effective call and recall system in place. The patients on these registers were closely monitored and the responsibility for QOF performance monitoring was shared between practice staff. We saw that audits were completed for example, a review of the management of patients with diabetes was carried out. We

# Are services effective?

## (for example, treatment is effective)

saw that the CCG benchmarked the practice against other practices in the locality. The GPs attended peer review meetings. Clinical issues, medicines, treatments and performance were discussed at these meetings.

Clinical audits were carried out to facilitate quality improvement. The practice showed us examples of clinical audits carried out in the last year. These were ongoing audits, which included medicine audits completed with the support of the local CCG pharmacist. One of the audits looked at whether the prescribing of specific antibiotics at the practice had decreased overtime. The results showed that the rate of prescribing for two antibiotics had decreased. For example, the prescribing of Amoxicillin (An antibiotic used to treat bacteria) was 6.8% in 2014, this increased to 12.8% in 2015 and showed a significant decrease to 3% in 2016. The audit also involved ongoing education for patients.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.

We found that not all staff had received ongoing 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. We found that the practice nurses had identified their learning needs and ensured that they had kept up to date through online learning and attendance at peer group meetings. Both of the practice nurses we spoke with had ensured they maintained their skills and knowledge to meet revalidation requirements. Training attended by the practice courses included counselling and palliative care. All the GP partners had ensured their revalidation was up to date. We found that staff had not received an appraisal or review of their development needs over the last 18 to 24 months. Information available showed that 17 staff had last received an appraisal in 2015 and two in 2014. The practice manager told us that this was due to mitigating circumstances related a high level of planned staff related sickness and bereavement. We were told that there were plans in place to ensure staff appraisals were updated.

### 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. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the wider healthcare team to ensure that their patients' health and social care needs were being assessed and met. For example, the practice worked closely with 20 care home services to provide continuity of care. Each partner held responsibility for a dedicated patient list and an allocated care homes. Staff at three of the care homes told us that they were happy with the service they received.

### 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.

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on diet, smoking and alcohol cessation. Patients had access to health assessments and were signposted to relevant services where appropriate. 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.

The practice ensured that patients suspected of having cancer where referred through the fast track system. The practice had carried out an audit to monitor the appropriateness of referrals made and found that of 127 referrals made only two were found to not meet the criteria for a two week appointment. The uptake for cervical screening for women between the ages of 25 and 64 years for the 2016/1 QOF year of 82% was higher than the local CCG average of 78% and the England average of 81%. The practice had carried out reviews of patients who had not attended appointments. There was a policy to offer

telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured that 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake rates were higher than the CCG and England averages. For example, 74% of females patients aged 50 to 70 years had been screened for bowel cancer in last 36 months (local average 69% and England average 72%) and 62% of patients aged 60 to 69 years had been screened for bowel cancer in last 30 months (local average 51% and England average 58%).

Travel vaccinations and foreign travel advice was offered to patients. Childhood immunisations and influenza vaccinations were available in line with current national guidance. Data collected by NHS England for 2015/16 showed that the performance for childhood immunisations were above the National standard of 90% in all areas. For example, immunisation rates for children showed that:

- 96% of children under two years of age had been immunised.
- 95% to 97% of children aged five years old had been immunised (England average 88% to 94%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients could be treated by a clinician of the same sex.

Comments in the 41 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff listened, were helpful, caring and treated them with dignity and respect.

We spoke with eight patients which included two members of the patient participation group (PPG). They told us they were happy with the care provided by the practice, staff attitude towards them was very good. Comments highlighted that staff responded kindly and with respect when they needed help and provided support when required.

The feedback we received from patients and other stakeholders were also reflected in the national GP patient survey results published in July 2016. The results of the survey showed that patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared to the CCG and national averages of 91%.
- 93% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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 also positive and aligned with these views.

Children and young people were treated in an age-appropriate way and recognised as individuals. An area of the waiting room was defined as child friendly with appropriate toys and books suitable for small children. Parents were listened to and involved in the care of their child. The practice used age appropriate information and language to help children understand their care and treatment.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

## Are services caring?

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that there was limited need for interpretation services but access was available for patients who needed the service.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Patients told us that they had used this service.

### **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 actively supported isolated or house-bound patients and gave examples of undertaking visits at short notice and signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 177 patients as carers (1.5% of the practice list). Carers were referred for carer assessments and support by Wolverhampton Carers Support team. Patients registered at the practice were offered an annual health check. If the carer was not a patient at the practice, they were advised to request a health check at their own surgery.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone to offer condolences. We found that written information for example, leaflets notices and booklets were not available for patients who had experienced a bereavement. The practice manager told us that these information leaflets had been ordered. The practice signposted to voluntary organisations for support during a bereavement.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice held a register of approximately 75 patients who experienced severe and enduring mental illness. The practice provided continuity of care through joint working with mental health professionals and counselling for these patients at the practice.
- Each GP had their own patients lists, which ensured continuity of care.
- One of the GP partners was female, which provided female patients with the choice of a female GP if they wished.
- The practice maintained a register of 141 patients diagnosed with dementia and 108 (77%) patients had a care plan in place.
- The practice offered extended appointments on Monday evenings for working patients who could not attend during the normal opening hours. These appointments had to be booked in advance.
- The practice offered online access to making appointments and ordering repeat prescriptions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was easily accessible to patients who used wheelchairs and families with pushchairs or prams. Facilities for patients with mobility difficulties included level access at the branch practice and access via a ramp at the main site, adapted toilets for patients with a physical disability.
- The practice maintained a register of 22 patients with a learning disability and 18 (82%) had received an annual health assessment.
- Patients were able to receive travel vaccines available on the NHS those only available privately were referred to other clinics for vaccines available privately.

### Access to the service

The main practice Tettenhall Medical Practice was open Monday 8am to 8pm and Tuesday to Friday between 8am and 6.30pm. The branch was open Monday, Tuesday and Thursday 8am to 6.30pm and Wednesday and Friday 8am to 1pm. Appointments at the main practice were offered Monday to Friday 8.30am to 10.30am, 3.30pm to 7.30pm Monday and 3.30pm to 5.30pm Tuesday to Friday. Appointments at the branch site were available between 8.30am to 10.30am Monday to Friday and 3.30pm to 5.30pm Monday, Tuesday and Thursday. The branch practice was closed Wednesday and Friday afternoon. The practice offered pre-booked extended hours appointments on Monday Evenings at the main practice. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service Vocare via the NHS 111 service.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 85%.
- 94% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 71% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. In response to patient feedback the practice was also looking at introducing further extended hours to meet patients' needs.

# Are services responsive to people's needs?

(for example, to feedback?)

Requests for home visits were referred to the GP who reviewed all patients requesting a home visit. Home visits were available to patients who were immobile, housebound or too ill to attend the practice. The practice kept a log of all visits requested and carried out. 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 a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager and assistant manager were responsible for managing complaints. The

GPs responded to clinical complaints. We saw that information was available to help patients understand the complaints system including leaflets available in the reception area and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Records we examined showed that the practice responded formally to both verbal and written complaints. We saw records for nine complaints received between April 2016 and March 2017 and found that all had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. The records identified that lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. Annual meetings were held to review complaints received at the practice.

# 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 had a vision to deliver high quality care and promote good outcomes for patients. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The plan had been reviewed over the past two years following the retirement of one of the partners and another partner joining the practice. The GPs told us that weekly partnership business meetings were held. Staff and patients felt that they were involved in the future plans and development of the practice. The mission statement for the practice was broadly described as a community where every patient mattered and their health needs fulfilled by a caring dedicated team of staff.

### Governance arrangements

Governance arrangements were mixed. The practice had effective processes in place in a number of areas, for example:

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the partners was the lead for safeguarding and medicine management. Both clinical and non-clinical staff held additional responsibilities which supported the day to day operation of the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Clinical and internal audit was used to monitor quality and to make improvements.

There were a number of areas where governance arrangements needed reviewing and or strengthening.

- Although there were areas where performance related to governance were not continuously maintained the practice had systems to show a comprehensive understanding of the performance of the practice related to the Quality and Outcomes Framework system (QOF). The practice QOF results showed that it had performed extremely well where compared nationally to ensure improved quality of general practice for patients.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions did not cover

all areas to ensure that patients and staff were protected from the risk of harm at all times. These included the absence of appropriate arrangements for the safe management of high risk medicines, most of the Patient Group Directions (PGDs), which allowed practice nurses to administer medicines in line with legislation were not signed or up to date, full recruitment checks were not completed for all staff and staff had not received updated training in health and safety related topics such fire safety.

- Staff had not received appraisals and self-development plans were not in place.

### Leadership and culture

Staff said they felt respected, valued and supported, particularly by the partners, nurses and the management team at the practice. There was a clear leadership structure and staff felt supported by the management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We found however that neither the practice manager or assistant practice manager planned and made regular visits to the branch site to ensure it was effectively managed at all times. The practice manager told us that a senior receptionist managed the branch well. Plans were in place for the managers to work one morning per week at the branch practice.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment affected people were given reasonable support, relevant information and a verbal and written apology.

Regular clinical meetings were held which were also attended by the practice nurses. The minutes for the clinical meetings identified the topics discussed which included significant events, clinical governance and safeguarding. Staff said that informal individual staff team



# Are services well-led?

Requires improvement 

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

meetings were held and practice wide meetings. We were told that minutes were not written for the individual staff meetings. We saw evidence of two practice wide meetings held over the past 12 months. We found there was limited information documented in the minutes of these meetings. The practice held multi-disciplinary meetings with palliative care nurses, district nurses, social workers and health visitors to monitor vulnerable patients. We found that the minutes of the multidisciplinary meetings were more detailed.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service through the patient participation group (PPG), practice surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The meetings were attended regularly by 15 patients. The PPG encouraged younger and working age patients to join the virtual group and to communicate and share their views through emails. The PPG had been effective in negotiating with the local council to repair the car park at the branch practice which was prone to flooding and freezing over in the winter. The work carried out ensured that the patient car park at the branch practice was safe to use. We spoke with two members of the PPG who provided positive feedback about the practice. The PPG had a noticeboard in the waiting area where information about

meetings and the purpose of the group were displayed for patients. The practice also carried out a review of the results of the National GP patient survey and acted on the outcome with the support of the PPG to make improvements.

The practice had gathered feedback from staff through meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. The practice staff worked effectively as a team and their feedback was valued. Staff told us they felt involved and actively encouraged by the management team to improve how the practice was run. Annual events were held to encourage team building so that staff could engage socially.

## Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and had used the outcome of these to ensure that appropriate improvements had been made. The practice had identified areas where continuous improvement in clinical care was needed and had put plans in place to address these. The GPs could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients. The practice was involved in a number of local pilot initiatives, which supported improvement in patient care across Wolverhampton.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Appropriate arrangements were not in place for the proper and safe management of:</p> <ul style="list-style-type: none"><li>• High risk medicines.</li><li>• Blank computer prescription forms.</li><li>• Patient Group Directions</li><li>• Children who did not attend for hospital events.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have effective systems or processes in place to:</p> <ul style="list-style-type: none"><li>• Ensure that a consistent method of providing appraisals to all staff employed at the practice was in place.</li><li>• Ensure necessary employment checks were completed for all staff employed.</li><li>• Ensure that staff training needs were reviewed so that all staff had up to date training related to health and safety such as fire safety and infection control.</li></ul>