

# Drs. Cartwright Mahfouz & Bullock

## 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?

Requires improvement



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

**This practice is rated as Good overall.** We previously inspected the service on 6 January 2015 and rated the service Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Keelinge House Surgery on 20 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems, processes and practices in place to protect people from potential abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads and contacts for external safeguarding agencies.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. However, not all risks to patients and staff had been formally assessed.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

# Summary of findings

- The partners had reviewed and increased its workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of patients and the demand for access to appointments.
- There was a structured programme for staff to receive essential training to enable them to carry out their duties safely. We saw that training had been completed or planned.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients commented on good access to same day appointments but told us appointments with GPs did not always run on time.
- The practice had suitable facilities and was well equipped and maintained to treat patients and meet their needs.
- The practice worked proactively with the patient participation group (PPG) to meet the needs of their patients.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.

The areas where the provider **should** make improvements are:

- Implement a formal induction programme for all new staff.
- Improve the prescription tracking system to minimise the risk of fraud.
- Explore how waiting times for patients can be reduced.
- Clarify roles and responsibilities within the management structure.
- Regularly review policies and protocols to assess that they are governing activity.
- Further explore how on-going improvement work can be used to address patient feedback.






**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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## The six population groups and what we found

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

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

# Drs. Cartwright Mahfouz & Bullock

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor

## Background to Drs. Cartwright Mahfouz & Bullock

Drs Cartwright, Mahfouz & Bullock is located in Dudley, West Midlands and delivers regulated activities from Keelinge House Surgery only.

The practice is registered with the Care Quality Commission (CQC) as a partnership provider of two GPs and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include minor surgery. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS Dudley Clinical Commissioning Group (CCG). The practice provides services from Keelinge House Surgery only and the building is owned by the GP partners.

The practice treats patients of all ages and provides a range of medical services. There are currently 6,476 registered patients at the practice. The practice local area is one of high deprivation when compared with the local and

national averages; which could mean an increased demand on GP services. The practice has a higher percentage of younger patients when compared to the CCG and national averages. For example; 26% of patients at the practice are aged under 18 compared to the CCG average of 20% and the national average of 21%. The practice has 55% of patients with a long-standing health condition which is in line with local and national averages.

The practice is owned and managed by two GP partners (one male, one female) who are supported by two salaried GPs, two physicians associates, two practice nurses, a healthcare assistant, administration team and a management team. Opening hours are between 8am and 6.30pm Monday to Friday. Extended hours appointments with a GP or nurse are available on a Saturday morning between 8.30pm to 11.30am.

The practice is a training practice and currently has year one and year two medical student trainee doctors. There is a plan to reintroduce GP registrars following the completion of training by one of the salaried GPs. The practice is registered with Birmingham University Medical School and has a long established history of training doctors many of whom have continued to work at the practice. The practice has also worked with Wolverhampton University and Birmingham University to train Physician's Associates.

Additional information about the practice is available on their website: [www.keelingehousesurgery.nhs.uk](http://www.keelingehousesurgery.nhs.uk)

# Are services safe?

## Our findings

### We rated the practice as requires improvement for providing safe services.

- The practice had not obtained all of the required staff checks when recruiting new staff.
- Environmental risks had not always been formally assessed and monitored.

### Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. Staff knew how to identify and report safeguarding concerns and had access to internal leads and contacts for external safeguarding agencies. Staff shared examples of reporting safeguarding concerns and worked with other agencies to support patients and protect them from neglect and abuse. Staff had received up-to-date safeguarding training relevant to their role. There was a GP lead for safeguarding supported by an administration lead who developed and maintained regular working with associated professionals. Staff were aware of the safeguarding leads and information was available to all staff through an electronic directory.
- The practice had a range of safety policies in place which were communicated to staff but not all of these had been regularly reviewed. There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. There were records of safety checks undertaken. However, we found not all environmental risks to patients and staff had been formally assessed. For example, the monitoring checks stipulated in the legionella risk assessment had not been undertaken.
- We saw the practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks (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). However we found gaps within the four staff files checked; these included a nurse (employed since the requirement for a DBS check was introduced)

where there was no record of a DBS check, gaps in the records of the immunisation status, no proof of identity for a receptionist and no copy of professional registration for a nurse. No health assessment had been carried out on staff employed to ensure suitability to carry out their role. The provider acted on these findings and assured us that checks had been completed and the personal records updated. For example, all staff had been asked to complete a self-assessment health questionnaire.

- Staff who acted as chaperones had received training. They were trained for the role and had received a DBS check. Notices were displayed in consultation and clinical rooms advising patients that chaperones were available if required.
- Staff had received up-to-date safety training appropriate to their role.
- There was an effective system to manage infection prevention and control. There was a designated infection prevention and control (IPC) clinical lead in place. An IPC audit had been carried out in July 2017 and an action plan had been developed to address the improvements identified. As part of the annual refresher training, hand hygiene audits (using a 'glow and tell' device) had been carried out to assess staff compliance with the hand hygiene policy, observations and concerns identified were documented and actioned.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. All equipment was tested annually for calibration and portable appliance testing. There was a contract in place and the last testing had been carried out in February 2017.
- There were systems for safely managing healthcare waste. There was a CCG wide contract that covered disposal of clinical waste including sharps boxes. There was a lockable external unit for storage of clinical waste while awaiting collection. External cleaning contractors were used and cleaning schedules were seen to have been completed.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Buddy cover arrangements with staff working additional hours were

# Are services safe?

used to cover those on annual leave or absent through illness. Due to the difficulties experienced with recruiting to GP vacancies, the partners had proactively evolved their workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of their patients and the demands on the practice. For example, an additional physician's associate had joined the practice since the last inspection.

- There was an no formal induction system for staff. However, a newly appointed member of staff told us that they had shadowed an experienced colleague and then worked under supervision until considered competent and a comprehensive induction pack was available for the medical students.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. For example, the practice had adult and child pulse oximeters. The practice reviewed the arrangements against new guidelines, for example, the guidelines for treating acute asthma. Guidelines on treatment were available and kept with the appropriate equipment. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The clinical system had a built in alert to prompt the consideration of sepsis as a diagnosis.
- When there were changes to services or staff, the practice assessed and monitored the impact on safety. The practice used simulation to review the safety procedures. For example, the fire evacuation drill was tested with named people in the building and a staged collapse was performed in a clinical room to test the panic button and the response.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- We reviewed a sample of referral letters and saw these included all of the necessary information. These letters provided comprehensive, evidence-based local guidance and clinical decision support at the point of care.
- Peer reviews were done on all GP hospital referrals.

## Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Emergency medicines held at the practice were found to be securely stored away from the general public, easily accessible to staff. Items we checked were all within their expiry date. The practice kept prescription stationery securely and monitored its use. However, the monitoring of prescription stationery was not effective in tracking forms issued to individual clinicians.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice was supported by two clinical prescribing pharmacists, employed by the CCG, providing an alternative and complimentary source of primary healthcare services traditionally provided by a GP. They held a prescribing qualification and provided patients with specialist information and advice about medicines. They worked alongside the GPs and other clinicians in involving patients in regular reviews of their medicines. For example, changes in medicines following test results, hospital discharges and clinics held for long term conditions.

## Track record on safety

The practice safety arrangements required strengthening.

- There were some risk assessments in relation to safety issues in place but no records of routine safety checks undertaken, for example; for legionella monitoring. An environmental risk assessment to identify hazards, risks and any control measures had been completed in 2017 but the health and safety policy was last reviewed in 2013.
- Hard wire electrical testing was last completed in November 2016, the practice fire risk assessment took place in October 2012 (recommended to be reviewed every 12 months and we found that the action log was



# Are services safe?

not signed off as completed). The legionella risk assessment was undertaken in July 2012 but there had been no subsequent review carried out as suggested in the risk assessment by July 2014. Monitoring checks for legionella, testing on fire alarm and security system were being carried out.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and procedure for recording and acting on significant events and incidents. There was a standard recording form available on the practice's computer system. Staff we spoke with told us they were encouraged to raise concerns and report incidents and near misses and demonstrated an understanding of the procedure. Staff were able to share an example of a recent significant event, the action taken and learning shared. Staff told us they were supported by managers when raising significant events. The practice was in the process of coordinating the recording of significant events to ensure that those recorded all went through the electronic system.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had

recorded seven significant events in 2017. Events were recorded, investigated and shared practice wide during quarterly meetings held and action taken to improve safety in the practice. For example, following a complaint regarding wait times from a patient whose child had a rare chronic disease that required rapid access to treatment, the practice implemented a protocol for any child with a chronic disease to be seen within an hour of arriving at the surgery. An alert was added to the patient's record and relevant staff were informed of the new protocol.

- There was an effective system in place led by one of the practice pharmacists to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety. Following an alert being received, the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate on going action where required. Recurrent searches ensured any patients that became at risk were followed up, for example; a search on patients on sodium valproate who may enter pregnancy was last run in November 2017, and no patients were identified as at risk.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was higher than local and national averages (3.2 units compared to the clinical commissioning group (CCG) and England averages of 0.98). The practice were aware of the data and explained the high number of patients with mental health problems registered at the practice was the reason for the variation.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was comparable to other practices (1.23 units compared to the CCG average of 0.99 and the England average of 1.01).
- The percentage of high-risk antibiotic items (Co-amoxiclav, Cephalosporins or Quinolones) prescribed per therapeutic group was better than average. The average practice prescription rate of 2.36% was lower than the CCG average of 3.2% and England average of 4.71%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. For example, patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes had a personalised care plan. We reviewed the COPD care plan template that included information on how to recognise signs of deterioration and contact details and advice on who to contact.

#### Older people:

- The practice had developed strong relationships with local care homes through having an appointed a lead for older adults who regularly liaised with the care

homes housing elderly patients in person or through 'virtual ward rounds'. The virtual rounds consisted of a clinician from the care home holding a review with the practice to discuss individual patient's needs.

- Older patients who were frail or vulnerable were identified and received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Patients over the age of 75 years had a named GP.

#### People with long-term conditions:

- The practice offered a number of clinics for patients with long-term conditions. Patients had a structured annual review to check their health and medicines needs were being met. Patients were provided with a management plan developed in partnership with them and agreed targets set for the next review. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Appointments were coordinated for patients with multiple long term conditions to minimise the number of separate consultations required.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Data for the year starting April 2017 showed that 67 of the 106 patients (63%) with chronic obstructive pulmonary disease (COPD) patients had received a face to face review.
- Data for the year starting April 2017 showed that 77% of patients on the diabetes register who had received a face to face review was 77% diabetes patients (316 of 410 patients).

#### Families, children and young people:

- Child immunisations were offered by the practice and carried out in line with the national childhood vaccination programme. Patients who missed any of their immunisations were monitored and recalled. Uptake rates for the vaccines given to under two year olds were above the target percentage of 90%. The uptake rates for vaccines given to five year olds ranged from 88% to 98%.
- Child development clinics were held by appointment on a Thursday morning with the GP, nurse and health

# Are services effective?

## (for example, treatment is effective)

visitor. The practice provided health surveillance clinics where the mother and baby were reviewed. Antenatal clinics were held by appointment on a Tuesday and Thursday afternoon with the visiting community midwife.

- The practice had a nominated individual to support the safeguarding lead with the administrative tasks. Information was collated and there was a proactive approach to development of relationships with the safeguarding team.

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

- The practice's uptake for cervical screening was 72%, which was below the national average of 81%. However, the practice exception reporting of 1% was below the CCG average of 6% and the national average of 7%, meaning more patients had been included. The practice supported the public health programme by following up on any patient that required a repeat smear outside of the normal programme, a personal letter was sent from the surgery to each of these patients. A record of all patients who had an abnormal result was followed up by the nurse to ensure they had attended the follow up or referral for a colposcopy (A colposcopy is a procedure to find out whether there are abnormal cells on or in a woman's cervix or vagina).
- The practice had posters and information to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Information about this vaccine was readily accessible and displayed in the waiting area and letters were sent to patients.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Data provided by the practice showed they had completed 201 of these health checks since April 2017. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice

hosted the palliative care meetings with a range of professionals to ensure those who were approaching end of life have a more cohesive plan of care across all agencies.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 72 registered patients with a learning disability cared for in local care homes and in their own homes. Thirty-five of these patients had received an annual review since April 2017. The practice had a designated clinician who was the learning disability lead and was involved in the review of these patients and was working to increase the number of reviews undertaken. The patients with learning disabilities care plan template included more pictorial support and simplified text to aid understanding.
- The practice had identified 103 (1.6%) of the patient list as carers and signposted them to local services offering support and guidance.

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

- The practice had a designated GP mental health lead.
- Meetings were held with external healthcare professionals on a four weekly basis.
- 84% of patients diagnosed with mental health problems had been risk assessed for cardiovascular disease (CVD) in the last 12 months.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had a structured programme of audits that were repeated to benchmark performance. These included an audit on the prescribing of Benzodiazepine and Opiate prescribing. The first audit identified that the practice was the highest prescriber of these medication within Dudley CCG. The most recent audit undertaken showed that the prescribing rates had fallen and the practice were now the third highest prescriber. Further audits were planned to continue with the reductions achieved. A second audit reviewed urgent hospital admissions for patients with acute kidney injury (AKI). The audit was aimed at reviewing the treatment and understanding what systems could be implemented in the future to reduce such admissions.

# Are services effective?

## (for example, treatment is effective)

The practice used the information collected for the Dudley CCG Outcomes for Health Framework and performance against national screening programmes to monitor outcomes for patients. (Dudley CCG are one of four vanguards in England to implement a system intended to improve the quality of general practice and reward good practice). The data for 2016/17 showed that the practice performance was similar to the Dudley CCG averages in most areas with the exception of diabetes. The practice pointed out that the new framework was at the implementation stage at the time of the inspection. They were able to demonstrate that performance was monitored and the year to date data indicated that improvements had been made. Data we reviewed for the year starting April 2017 showed that the practice performance for patients with diabetes had improved.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training opportunities for personal development. An electronic system was used to maintain records of staff skills, qualifications and training.
- The practice provided staff with ongoing support. This included appraisals, tutorials and clinical supervision.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Healthcare assistants (HCAs) had level three Care Certificates.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Meetings were held with external healthcare partners to discuss patients with complex needs.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, patients with long term conditions.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health and supported and signposted patients that required support.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that the number of patients who engaged with national screening programmes were similar to the local and national averages. **Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw completed consent forms added to patients' records for clinical procedures such as minor surgery. Consent was also recorded from patients when seeing a medical student (student doctor) and to authorise the practice to contact them by the mobile telephone messaging service.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- 29 of the 41 patient Care Quality Commission comment cards we received were very positive about the service experienced with multiple comments saying they received a high standard of care. Two negative comments were made about the attitude of reception staff.

Results from the annual national GP patient survey, most recently published in July 2017, showed patients felt they were treated with compassion, dignity and respect. Three hundred and fifty eight surveys were sent out and 102 were returned, a return rate of 28% (equivalent to 1.6% of the practice population). Patient satisfaction scores for consultations with GPs and nurses were mainly in line or above the CCG and national averages. For example:

- 89% of patients who responded said the GP was good at listening to them; the same as the clinical commissioning group (CCG) and the national averages.
- 87% of patients who responded said the GP gave them enough time; compared with the CCG average of 87% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; compared with the CCG average of 96% and the national average of 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared with the CCG average of 85% and the national average of 86%.
- 91% of patients who responded said the nurse was good at listening to them; compared with the CCG average of 93% and the national average of 91%.

- 90% of patients who responded said the nurse gave them enough time; compared with the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; which was the same as the CCG, and just above the national average of 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with the CCG average of 92% and the national average of 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful; compared with the CCG average of 86% and the national average of 87%.

The practice had reviewed the results and produced annual action plans in response to patient feedback. They considered their practice generally performed well in terms of patient experience and the results of the survey had been shared with staff and the patient participation group.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Interpretation services were available for patients who did not have English as a first language. Notices displayed in the reception areas advising patients of this service advised patients of this external service.

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. However, there was no information pack in the waiting area or at the reception desk to support carers.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs and staff if a patient was also a carer and referred them to a local voluntary carers association. The practice had identified 103 patients as carers (1.6% of the practice list).

- Staff told us that if families had experienced bereavement, they passed on their condolences by telephone or letter and signposted them to a local counselling service.
- The practice noted the place of death for all palliative care patients.
- The practice had a board to inform staff of any patient death and a protocol to follow in the event of a death.

## Are services caring?

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 mainly in line with local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared with the CCG and the national averages of 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared with the CCG average of 91% and the national average of 90%.

- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared with the CCG average of 88% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- 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.
- A private area was available should a patient wish to discuss sensitive issues or their prescriptions.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments in addition to providing weekly visits to a number of local residential and nursing homes.
- The practice had reviewed and increased its workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of patients and the demand for access to appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone consultations were available with a duty GP. Home visits were provided for patients who were housebound or had enhanced needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Translation services were available through language line although letters/information was not available as a translated document. There was a self-check-in screen translated into different languages.
- The practice was aware of the requirements detailed in the Accessible Information Standard. Patients were coded, for example; if a patient has hearing or sight impairment, and patient information was adjusted to help understanding, for example; information leaflets were available in a pictorial format.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

#### People with long-term conditions:

- The practice provided a number of long term condition clinics in order to support patients to manage these conditions, monitor their wellbeing and develop management plans in conjunction with them.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with external health professionals to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- The practice had 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 accident and emergency (A&E) attendances.
- Appointments were offered outside school hours for school aged patients and children were seen on the same day.
- Antenatal clinics were held by appointment on a Tuesday and Thursday afternoons between 1pm and 4pm and with the visiting community midwife. The practice provided health surveillance clinics where the mother and baby were reviewed.

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

- The needs of this population group 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, extended opening hours appointments were offered on Saturday mornings in order to offer the greatest flexibility for patients.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- NHS Health Checks were provided for patients aged 40 to 74 and patients were given lifestyle advice on exercise and diet.

#### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was proactive in supporting the local authority with any patients with safeguarding issues and had met with social workers and attended multi-disciplinary team meetings to support other clinicians in the care of these patients.
- The practice hosted the palliative care meetings with a range of professionals to ensure those who were approaching end of life have a more cohesive plan of care across all agencies.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice had an appointed lead on mental health who had expertise in working with mental health patients and had been the Dudley CCG lead on mental health.
- The practice held a dedicated multidisciplinary team meeting every four weeks to discuss patients on the mental health register. The meeting was normally attended by the sector psychiatrist, the community psychiatric nurse, the mental health gateway worker and a social worker.
- The practice was autistic spectrum disorder aware and early morning appointments were offered in order to remove the anxiety associated with long waits and busy waiting rooms.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Some patients found it difficult to make a routine GP appointment, but positive comments were made regarding the same day access.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was broadly comparable to the local and national averages. For example:

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the same as the national average.
- 62% of patients who responded said they could get through easily to the practice by phone; compared with the clinical commissioning group (CCG) average of 67% and the national average of 71%.
- 75% of patients who responded 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 82% and the national average of 84%.
- 80% of patients who responded said their last appointment was convenient; compared with the CCG of 80% and the national average of 81%.
- 67% of patients who responded described their experience of making an appointment as good; compared with the CCG average of 71% and the national average of 73%.

However, the patient feedback was significantly below the local and national averages when asked about the waiting time for their appointment:

- 27% of patients who responded said they don't normally have to wait too long to be seen; compared with the clinical commissioning group (CCG) average of 61% and the national average of 58%.

Nine of the 41 patient Care Quality Commission comment cards we received commented on long wait times for appointments. The practice told us that patients were informed of when clinics were running behind. The practice told us that they were working to improve access to appointments by recruiting extra clinicians. They highlighted that GP recruitment was a particular difficulty. The practice were embracing the NHS England 'GP Forward View' guidance on how to release capacity and were working through a number of streams to support this. For example, an additional physician's associate had been recruited.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to continually improve the quality of care.

- Information about how to make a complaint or raise concerns was not readily accessible in the practice and information on the practice website signposted patients



# Are services responsive to people's needs?

(for example, to feedback?)

to the practice manager. Reception staff had access to the complaints process and leaflets that explained the process were displayed. We saw that the letters of response to complainants did not include details of how to complain to the NHS Ombudsman should a patient not be satisfied with the outcome of their complaint. This was included in the practice complaints leaflet.

- The practice manager was the designated lead for managing complaints. The complaint policy and

procedures were in line with recognised guidance. We saw six complaints had been recorded this year. We reviewed the six complaints and found that they were satisfactorily handled in a timely way. An analysis of complaints was included in the clinical meetings when appropriate and shared with reception staff when the subject of complaint was administrative.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, due to the difficulties recruiting to GP vacancies the practice had reviewed and increased its workforce and skill mix. The practice had employed an additional physician's associate to reduce the demand on GP appointments and to provide an alternative complimentary source of primary healthcare alongside services traditionally provided by its GPs.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff had lead roles and were aware of their roles and responsibilities.
- The practice had effective processes to train and develop medical students within the practice.
- The GP partners had future plans for succession as part of their review of leadership and capacity. However, the administrative leadership capacity and skills had not been reviewed as a result of changes in the management team that left two of the roles unfilled.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and a minimum standards agreement that had been developed in conjunction with staff. This was 'to provide a high quality service to all patients by providing effective and efficient health care.' Staff spoken with understood the vision, values and strategy and their role in achieving them, and the mission statement was clearly displayed on the practice website.

- The practice planned its services to meet the needs of the practice population. For example, the practice had increased its capacity for urgent care by recruiting an additional physician's associate.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and had access to a policy in the event of needing to raise concerns in relation to staff practice in the workplace.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff had received an annual appraisal in the last year and were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for attending various meetings held in addition to professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff felt they were treated equally and reported there were positive relationships between staff and teams.

### Governance arrangements

The practice had originally had a management team of four, but this had reduced to two. The roles had not been revised since this change and roles and responsibilities were not always clear to staff members we spoke with. The systems of accountability to support good governance and management left a number of gaps.

- Structures, processes and systems to support good governance and management were in place. However, the division of responsibilities within the management structure was not always clear to staff.

# Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, the practice management roles had not been redefined since the team reduced from four to two people.
- Practice leaders had established policies and procedures. These were accessible to all staff but we found that they had not always been regularly reviewed.

The governance and management of partnerships with other healthcare professionals was a strength at the practice. Joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. The practice used two instant messaging groups to provide peer support, one for clinicians, and one for all staff. Staff we spoke with commented positively on how these groups provided peer support as well as shared learning opportunities.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found that the processes were not always followed and policies were not always governing activity.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through checks and discussions of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents, and complaints in addition to external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined, however the feedback from patients, although formalised into an action plan, did not always address issues raised. For example, the action plan did not address the low scoring areas from the national patient survey.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) that consisted of 15 core members and was called the 'Patient Panel.' Meetings were normally held quarterly and chaired by a patient member, supported by a secretary and a treasurer, both patients. The group had a written set of aims and objectives that included the development of health information and literature for patients, and to act as a medium of communication between practice staff and patients. The patient panel arranged a survey and reported the findings on the practice website. However, the most recent results were from 2015.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, peer reviews were done on all GP hospital referrals.

# Are services well-led?

Good 

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

- The practice made use of a secure electronic instant messaging service to provide a platform for peer review and support within the practice.
- The practice was working with nearby practices to develop their locality and for sharing best practice. The GPs and practice managers met regularly to take the work forward and to strengthen and support each other and ensure future sustainability.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was a training practice but training had been put on hold due to the absence through illness of the GP trainer. The practice planned to re-introduce the training programme in the future.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Environmental risks were not effectively assessed and monitored.</li></ul> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• Records of checks on staff employed were incomplete.</li></ul> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>