

Dr PD Gupta

Quality Report

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

Ratings

Overall rating for this service

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

We carried out an announced comprehensive inspection at Dr PD Gupta's practice, also known as Links Medical Practice on 20 September 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Staff spoken with demonstrated a commitment to providing a high quality service to patients.
- The practice was proactive in identifying and managing significant events. There was a structured programme of continuous clinical and internal audit. There was a strong theme of shared learning and emphasis on continuous quality and improvement.
- During our inspection we found that some of the practices emergency medicines had expired and that the practices system for monitoring emergency medicines had not been effective. On identifying this, the practice acted immediately and replaced the expired medicines. Furthermore, the practice strengthened their systems for monitoring emergency medicines.
- There was a strong multidisciplinary approach to patient care. The team met frequently and engaged well with other services through a programme of multidisciplinary team (MDT) meetings. Additionally, patients of concern were discussed in practice every two weeks.
- The practice proactively offered depression and sleep screening to patients with long term conditions and were able to offer them with specific support and make onward referrals to support services and specialist clinics where necessary.
- Patients could access appointments and services in a way and at a time that suited them. The practice

Summary of findings

offered a choice of extended hours to suit their working age population, with extended hours available four days a week at the branch practice on Hazel Road.

- Local prescribing data highlighted that the practice was performing at the highest level for the CCG area for appropriate prescribing of antibiotics and for overall adherence with the local prescribing formulary.
- By focussing on identifying more carers who were registered at the practice, the practice's carers register had increased to 3%. This included young carers to enable the practice to offer them with specific care and support.

- The practice had recognised that they had outgrown their premises at the Links Medical Practice and therefore had plans to move across to the large health centre which was situated across the road during the summer of 2017.

The areas where the provider must make improvements are:

- Ensure that processes for checking aspects of safety are effective to ensure adequate emergency medicine arrangements are in place.
- Maintain appropriate governance of patient group directions (PGDs) and ensure that national guidelines are adhered to.

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 were systems in place for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.
- At the point of our inspection we found that the practice did not have clear embedded systems in place to monitor specific aspects of safety and to effectively respond to a medical emergency. During our inspection we found that some of the practices emergency medicines had expired. However, the practice acted immediately by replacing the expired medicines and we saw that shortly after our inspection the practice had strengthened their systems for monitoring emergency medicines.
- There was a strong learning culture throughout the practice and significant events, incidents and complaints were used as opportunities to drive improvements. During our inspection we noticed that some patient group directives (PGDs) had not been signed in line with guidance. Furthermore, PGDs were not available to support other vaccination areas such as for travel vaccinations administered by the practice nurses. Shortly after our inspection we received assurance from the practice to confirm that the nurse had read through and signed the relevant PGDs. The GPs also checked and signed the PGDs across two days on 21 and 22 September 2016.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance. Staff, teams and services were committed to working collaboratively.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.

Summary of findings

- Staff members throughout the practice had lead roles across a range of areas. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Local prescribing data highlighted that the practice was performing at the highest level for the CCG area for appropriate prescribing of antibiotics and for overall adherence with the local prescribing formulary.

Are services caring?

The practice is rated as good for providing caring services.

Good



- By focussing on identifying more carers who were registered at the practice, the practice's carers register had increased to 3%. This included young carers to enable the practice to offer them with specific care and support.
- The practice's computer system also alerted GPs if a patient had a carer, 58 patients were coded as having carers. The practice also offered annual reviews and flu vaccinations for anyone who was a carer.
- Staff told us that if families had suffered bereavement, their usual GP contacted them and cards and flowers were often sent to families who had suffered bereavement.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances. Integrated Plus data highlighted how the practice had referred 24 patients to the scheme, which made up 2% of the Integrated Plus referrals during the last 12 months.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. The practice also supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients could access appointments and services in a way and at a time that suited them.
- Patients had the option to access appointments at both the main and branch practice sites. The practice offered a variety of services across the two sites such as cervical screening, minor surgery at Hazel Road branch and joint injections at the Links Medical Practice.

Summary of findings

- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available however during our inspection we noticed that there was no hearing loop in place at the Links Medical Practice. Staff explained that deaf patients and patients with a hearing impairment usually came in with a friend, carer or relative to offer support where needed. We noted that the practice also used a call screen with both visual and audio prompts in place.
- Discussions with members of the management team highlighted that how general day to day working at the Links Medical Practice was sometimes restricted by lack of space, layout of the premises and lack of practice car park. The practice had plans to move premises to the large health centre which was situated across the road and we saw confirmation of plans to move during the summer of 2017.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were passionate and proud to be a part of the practice.
- Audits were used to monitor quality and to make improvements. Results were circulated and discussed in the practice and there was a strong theme of shared learning and emphasis on continuous quality and improvement.
- The practice had participated in a local Productive General Practice Programme which was an improvement programme initiated and facilitated through the Midlands and Lancashire Commissioning Support Unit (CSU). The project resulted in many improvements including improved communication and newly developed protocols designed to streamline practice tasks.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at risk of admission to hospital and patients who had been discharged from hospital were also discussed on a fortnightly basis.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery. The practice's flu vaccination rates for patients aged 65 and over were at 76% compared to the national average of 71%. These rates were based on unverified data provided by the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 95%, compared to the CCG average of 89% and national average of 90%.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- Through use of proactive screening, the practice were able to offer specific support to patients and make onward referrals to

Summary of findings

support services and specialist clinics where necessary. Data highlighted that 9% of the practices list had received sleep screening and 42% of those who were screened also had a long term condition.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for under two year olds ranged from 76% to 100% compared to the CCG averages which ranged from 74% to 98%. Immunisation rates for five year olds ranged from 74% to 100% compared to the CCG average of 72% to 98%.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- We saw minutes of meetings to support that the practice worked closely with the Health Visitors and Midwife.

Good



Working age people (including those recently retired and students)

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

- Patients could access appointments and services in a way and at a time that suited them.

Appointments could be booked over the telephone, face to face and online.

- The practice offered a choice of extended hours to suit their working age population, with extended hours available four days a week at the branch practice on Hazel Road.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.
- Practice data for 2015/16 highlighted that 582 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 4% had successfully stopped smoking.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- There were 11 patients on the practices learning disability register, 91% of these patients had care plans in place and 91% of the eligible patients had received a medication review in a 12 month period.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Additionally, records of fortnightly practice meeting minutes demonstrated that patients of concern and vulnerable patients were discussed in practice every two weeks.
- The practice had 14 patients on their palliative care register. The data provided by the practice highlighted that 100% of these patients had a care plan in place and 93% had received a review in a 12 month period. We also saw that the practices palliative care was regularly reviewed and discussed as part of the multidisciplinary meetings to support the needs of patients and their families.
- The practice had identified 43 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 95% of these patients received medication reviews within a 12 month period.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. There were 43 patients on the mental health register, 88% had care plans in place and 91% had received a medication review.
- QOF performance showed that appropriate diagnosis rates for patients identified with dementia were at 100%, with an exception rate of 11%.

Summary of findings

- The practice also proactively offered depression screening to patients. Practice data indicated that 267 (8% of the practices list) had been screened for depression.

Summary of findings

What people who use the service say

The practice received 97 responses from the national GP patient survey published in July 2016, 359 surveys were sent out; this was a response rate of 27%. The results showed the practice received positive responses across many areas of the survey. For example:

- 95% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 84% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 77% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with three patients during our inspection including a member of the patient participation group (PPG). Service users completed 48 CQC comment cards. Patients and completed comment cards gave positive feedback with regards to the service provided.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure that processes for checking aspects of safety are effective to ensure adequate emergency medicine arrangements are in place.

- Maintain appropriate governance of patient group directions (PGDs) and ensure that national guidelines are adhered to.

Dr PD Gupta

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 and a practice nurse specialist advisor.

Background to Dr PD Gupta

Dr PD Gupta's practice is a long established practice based at the Links Medical Practice (formerly Netherton Surgery) located in the area of Dudley, in the West Midlands. There are two practice locations that form the practice; this consists of the main practice at the Links Medical Practice in Dudley and a branch practice at Hazel Road surgery also situated in Dudley. We did not visit the branch practice at Hazel Road surgery as part of this inspection.

There are approximately 3,200 patients of various ages registered and cared for across both practice sites and the practice has one patient list. Patients can be seen by staff at both surgery sites and systems and processes are shared across the two sites. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three GP partners (two male and one female), a female GP registrar, a practice nurse and an apprentice health care assistant. The GP partners and the deputy practice manager form the management team and they are supported by a team of seven support staff who cover reception, secretarial and administration roles. The

practice is also an approved training practice and became one of the first training practices in the Dudley area, providing training to medical students from the Birmingham University.

The Links Medical Centre is open between 8am and 6pm during weekdays, except for Thursdays when the practice is open until 6:30pm. Appointments are available from 9am to 6pm.

Hazel Road branch practice is open for appointments between 9am and 11am and then from 5pm until 7pm for extended hours during weekdays, except for Thursday afternoons when the practice closes. On Thursday afternoons patients can be seen at the Links Medical Centre. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

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

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

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

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 20 September 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- As part of our inspection we visited the Links Medical Practice, we did not visit the branch practice at Hazel Road surgery as part of this inspection.

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

The practice held a fortnightly meeting where staff talked through and reflected on significant events and complaints. Staff told us how learning was shared during these meetings. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

The practice had records of 12 significant events that had occurred since December 2015; some of these included near misses and positive events. Significant event records were well organised, clearly documented and continually monitored. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a discrepancy between a prescription and the dosage label on a patient's medication packaging, this was identified by a member of the reception team. We saw that action was taken straight away which prevented the patient taking the wrong dosage. The practice recognised that the error could have gone unnoticed therefore this was recorded as a significant event and learning was shared with the practice team and also with the local pharmacy. Furthermore, we saw that a formal apology to the patient was made regarding the error.

Safety alerts were disseminated and monitored by the practice manager and records were kept to demonstrate action taken. We discussed examples of recent patient safety alerts we saw how a recent public health alert on meningitis was appropriately disseminated and acted on effectively in the practice. We also saw that discussions relating to safety alerts were discussed with staff and documented in minutes of monthly practice meetings.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- One of the GPs was the lead member of staff for safeguarding. The GP attended regular safeguarding meetings and provided reports where necessary for other agencies. The GP also met with the local health visitor on a monthly basis to discuss specific care needs for families and children. Staff we spoke with demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for GPs.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually act as chaperones. We saw that disclosure and barring checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- Members of the management team explained that they very rarely used locum GPs to cover if ever the GPs were on leave and that they had only used one locum for two days during the last 12 months. Records demonstrated that appropriate recruitment checks were completed for the locum GP, which was sourced through a locum agency. Staff we spoke with explained that the GPs often covered each other if they were away from the practice, for instance during annual leave.
- We observed the premises at the Links Medical Practice to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications which reflected the main practice site and the branch practice on Hazel Road. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.

Are services safe?

- The practice nurse was the infection control lead, staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members. There was an infection prevention control protocol in place and we saw records of completed infection control audits. Audit records highlighted that the practice was fully compliant with infection control standards and therefore no actions to improve were identified.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection we saw that temperatures were logged in line with national guidance.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient.
- Prescription stationery was securely stored and although there was a system in place to track and monitor the use of prescription pads used for home visits we found that the system did not cover all prescription stationery; such as tracking and monitoring prescription stationery in printers. During our inspection staff amended the system they followed to incorporate all prescription stationery.
- We saw evidence that the practice nurse had received appropriate training to administer vaccines. We saw some evidence to support that the practice nurses administered vaccines using patient group directions (PGDs), however during our inspection we noticed that the sample of three PGDs which we observed had not been signed in line with guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We also found that PGDs were not available to support other vaccination areas such as for travel

vaccinations which were administered by the practice nurses. Shortly after our inspection we received assurance from the practice to confirm that the nurse had read through and signed the relevant PGDs. The GPs also checked and signed the PGDs across two days on 21 and 22 September 2016.

Monitoring risks to patients

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises across the two practice sites. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. There were also appointed safety leads and supporting safety officers in place who managed areas such as health and fire safety.

We saw records to show that regular fire alarm tests had taken place. We found that fire drills had not taken place, however we saw that the practice had identified the need for this and therefore a fire drill had been scheduled for October 2016. Our observations of the practices shared calendar supported this. Staff we spoke with demonstrated that they knew what to do in the event of a fire.

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

Arrangements to deal with emergencies and major incidents

- There was a system on the computers and in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.
- There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.

The practice had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult

Are services safe?

and children's masks. The emergency equipment was regularly checked to ensure it was fit for use. Staff we spoke with confirmed that emergency trolleys were identical across the two practice sites.

We observed the emergency trolley and its contents at Links Medical Practice; we found that they were easily accessible to staff in a secure area of the practice and staff we spoke with knew of its location. However, during our inspection we found that some of the emergency medicines had expired. These included medicines used to treat acute allergic reactions and for suspected bacterial meningitis.

The practice's emergency medicines list and policy highlighted that the medicines were to be checked on a weekly basis. Furthermore, records of a risk assessment carried out in November 2015 highlighted that the practice had also previously identified some of the emergency medicines had expired, on a separate occasion. As a result

of this, a more robust process of weekly medicine checks was implemented. However, during our inspection we identified a gap in the checking process as some medicines had expired.

We raised this with members of the management team during our inspection; staff were surprised that the medicines had expired and immediately acted by replacing the expired medicines. The practice investigated this during our inspection; staff highlighted a miscommunication within the nursing team which resulted in the medicines not being checked for a period of time.

Shortly after our inspection the practice submitted records to demonstrate how they had further strengthened the practice's process for checking emergency medicines. Records highlighted that a weekly check would be conducted by the health care assistant, the nurse would check the medicines monthly and a GP partner would also conduct a six monthly check.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Additionally, staff we spoke with highlighted how they often accessed other recognised guidelines, such as the National Travel Health Network and Centre for guidance of travel medicine.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments.

Records of fortnightly practice meeting minutes demonstrated that patients of concern were discussed in practice every two weeks. This included vulnerable patients, patients who were at risk of admission to hospital, patients who had been discharged from hospital, patient deaths and patients on the practices palliative care register. These discussions took place in addition to monthly multidisciplinary and palliative care meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 99% of the total number of points available, with 4% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 2%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. There were 43

patients on the mental health register, 88% had care plans in place and 91% had received a medication review. These patients were regularly reviewed and further reviews were planned.

- QOF performance showed that appropriate diagnosis rates for patients identified with dementia were at 100%, with an exception rate of 11%. All of these patients had a care plan in place and were regularly reviewed.
- Performance for overall diabetes related indicators was 95%, compared to the CCG average of 89% and national average of 90%.

The practice also proactively offered depression and sleep screening to patients with long term conditions:

- Practice data indicated that 267 (8% of the practices list) had been screened for depression and 37% of those who were screened also had a long term condition.
- Additionally, 301 patients had received sleep screening (9% of the practices list) and 42% of those who were screened also had a long term condition.

Through use of proactive screening, the practice was able to offer specific support to these patients and make onward referrals to mental health support, support services and specialist clinics where necessary.

Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of three clinical audits and a non-clinical audit on appointment waiting times; most of these were completed audits where the audit cycle had been repeated to analyse areas of improvement and any areas for further improvement.

For example, we saw that an audit was completed to review patients who had been prescribed with specific vitamin B12 injections. Findings from the first audit cycle in September 2014 highlighted that 16 patients had been prescribed B12 injections in the previous year. The audit also highlighted that coding was inappropriate in most of the cases reviewed. As a result, patients were called in to the practice for a face to face review and coding was adjusted accordingly. Furthermore, B12 injections were appropriately suspended for 13 out of 14 patients; leading to safe cessation of B12 injections with no adverse effect on patients health. The audit was repeated in September

Are services effective?

(for example, treatment is effective)

2016, findings demonstrated that coding had significantly improved and that the practices safe cessation of B12 injections also resulted in saving on average 44 nurse appointments each year; approximately one appointment per week.

The practice worked closely with two pharmacists from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacists assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. Additionally, the principal GP was the CCG prescribing lead. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics. Local prescribing data highlighted that the practice was performing at the highest level for the CCG area for appropriate prescribing of antibiotics and for overall adherence with the local prescribing formulary.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as asthma, diabetes, dementia and prescribing. Furthermore, staff members had key leadership roles within the local clinical commissioning group (CCG). For instance, in addition to the CCG prescribing lead, another of the GPs was the CCG clinical lead for older adults and dementia, as well as the locality integration lead. These roles had been fundamental across areas, such as the development of a local long term condition framework which replaced QOF in April 2016 for those Dudley practices who opted in to the local quality framework.
- The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations and cervical screening. The practice's apprentice health care assistant was being supported through a level two NVQ health care assistant course. The deputy practice manager was being supported through an NVQ level three management diploma. Additionally, a member of the administration team had been supported to take flexible study days whilst completing a masters degree in NHS business intelligence.

- Staff made use of e-learning training modules and also received face to face training on topics such as customer care and conflict resolution.
- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- Staff received regular reviews, annual appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. We also saw that the practice was supporting their practice nurse by sourcing further mentorship support through the CCG nurse mentorship scheme.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

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

The practice followed the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good

Are services effective?

(for example, treatment is effective)

standard of care for patients who may be in the last years of life. Monthly GSF meetings took place to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had 14 patients on their palliative care register. The data provided by the practice highlighted that 100% of these patients had a care plan in place and 93% had received a review in a 12 month period. We saw that the practice's palliative care was regularly reviewed and discussed as part of the MDT and GSF meetings to support the needs of patients and their families.
- There were 11 patients on the practice's learning disability register, 91% of these patients had care plans in place and 91% of the eligible patients had received a medication review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.
- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. The practice had identified 43 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 95% of these patients received medication reviews within a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

Consent to care and treatment

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

Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Practice data for 2015/16 highlighted that 582 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice and 24 (4%) had successfully stopped smoking. Furthermore, over the previous 12 months 83% of the practice's patients had been offered smoking cessation advice and were in the process of being offered support.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 76% to 100% compared to the CCG averages which ranged from 74% to 98%. Immunisation rates for five year olds were ranged from 74% to 100% compared to the CCG average of 72% to 98%.
- The practice were continuing to encourage patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates were at 57% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 42% compared to the CCG and national averages of 57%. To improve uptake the practice were promoting national screening programmes through information in the waiting room and by encouraging and educating patients during consultations.
- The practice's uptake for the cervical screening programme was 79%, compared to the CCG and national averages of 73%. The practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.
- The practice's flu vaccination rates were above average across a number of patient group areas. For example, flu vaccination rates for at risk patients were at 67% compared to the national average 45% and vaccination rates for patients aged 65 and over were at 76% compared to the national average of 71%. These rates were based on unverified data provided by the practice.
- Patients had access to appropriate health assessments and checks. These included health checks for new

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

patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on

the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone.

We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the national GP patient's survey (published in July 2016) highlighted that patients were mostly happy with how they were treated. For example:

- 88% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 81% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 100% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

We spoke with three patients on the day of our inspection including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, and helpful. We received 48 completed CQC comment cards, all of the cards contained many positive comments and staff were described as helpful, caring and respectful.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that responses were slightly below the local and national averages with regards to questions about patients involvement in planning and making decisions about their care and treatment. However, patients we spoke with during our inspection told us that the GPs often took the time to explain information and treatment options during consultations. Results from the national GP patient survey highlighted that:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

Members of the management team explained that they had focussed on identifying carers in July 2016. A coding project was completed which involved the health care assistant contacting registered carers as well as potential carers. We saw how this piece of work had enabled the practice to identify more carers to offer them with specific care and support.

- The practice's computer system alerted GPs if a patient was also a carer and there were 96 patients on the practices register for carers; this was 3% of the practice list.
- Additionally, the practice had identified young carers, data highlighted that this made up 1% of the practices carers register.
- The practice's computer system also alerted GPs if a patient had a carer, 58 patients were coded as having carers.
- Carers were supported with a carers' pack which contained supportive advice and signpost information to other services. The practice also offered annual reviews and flu vaccinations for anyone who was a carer.

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and cards and flowers were often sent to families who had suffered bereavement. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. Integrated Plus data highlighted how the practice had referred 24 patients to the scheme, which made up 2% of the Integrated Plus referrals during the last 12 months. The practice shared some examples of how patients had experienced positive outcomes by being referred to the Scheme and discussions highlighted that patients were being offered social and wellbeing and bereavement support through the scheme.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments could be booked over the telephone, face to face and online. The practice offered text messaging reminders for appointments to remind patients of their appointments.
- Patients had the option to access appointments at both the main and branch practice sites. The practice offered a variety of services across the two sites such as cervical screening, minor surgery at Hazel Road branch and joint injections at the Links Medical Practice.
- There were urgent access appointments available for children and those with serious medical conditions.
- When patients booked appointments, they were given the option of a preferred practice location out of the two practice sites.
- The practice offered extended hours four days a week at the branch practice on Hazel Road.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- There was an efficient referral process, with referral letters often completed with the patient and the GP during consultation. The practice also took this approach when using the electronic referral system (Choose and Book).
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats.

There were disabled facilities and translation services available at both practice sites. At the Links Medical Practice we noticed that one of the treatment rooms was based on the first floor which was accessed by a flight of

stairs, with no lift in place. Staff explained that patients with mobility difficulties and patients with prams or pushchairs, as well as wheelchair users were booked in to see a clinician in one of the rooms on the ground floor. The practice also effectively used system alerts on the patient record system to notify receptionists of those patients who could not be seen on the first floor.

Records of a completed disability access audit from October 2015 highlighted a recommendation that the practice could consider installing an induction loop to support patients with hearing impairments. During our inspection we noticed that there was no hearing loop in place at the Links Medical Practice. Staff explained that deaf patients and patients with a hearing impairment usually came in with a friend, carer or relative to offer support where needed. We noted that the practice also used a call screen with both visual and audio prompts in place.

The practice had however made other changes to improve the layout of the reception area. For instance, the practice had installed a new reception desk to include reduced height for wheelchair users and an increased width of the reception window which allowed two receptionists to greet patients simultaneously. Discussions with members of the management team highlighted that there were no problems with premises at their branch practice on Hazel Road however general day to day working at the Links Medical Practice was sometimes restricted by lack of space, layout of the premises and lack of practice car park. The practice had plans to move premises to the large health centre which was situated across the road and we saw confirmation of plans to move during the summer of 2017. Staff and patients could also use parking facilities at the health centre as well as nearby roads if needed.

Access to the service

The Links Medical Centre was open between 8am and 6pm during weekdays, except for Thursdays when the practice was open until 6:30pm. Appointments were available from 9am to 6pm. Hazel Road branch practice was open for appointments between 9am and 11am and then from 5pm until 7pm for extended hours during weekdays, except for Thursday afternoons when the practice closed. On Thursday afternoons patients could be seen at the Links Medical Centre. Pre-bookable appointments could be booked up to four weeks in advance at both sites.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2016 highlighted positive responses regarding access:

- 95% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 73% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 60% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The practice had completed a comprehensive analysis of their historical survey results from the national GP patient survey. We saw that in January and June 2016 the practice completed an audit on appointment waiting times as a result of the responses made through the national GP patient survey. We saw that appointment waiting times had significantly improved with a reduction of patients waiting more than 20 minutes for their appointments. Records

indicated that the improvement was due to a change in clinician behaviour where clinicians were more mindful of keeping to time without jeopardising patient care or quality. The team were focusing on this as an area to continue to improve on.

Listening and learning from concerns and complaints

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements and that there was a designated responsible person who handled all complaints in the practice.

We saw a summary of seven complaints which were received between April 2015 and June 2016. This included verbal and written complaints; all complaints had been investigated, responded to and closed in a timely manner. We also looked at complaint records and found that they had been satisfactorily handled and responses demonstrated openness and transparency. The practice held a fortnightly meeting where staff reflected on complaints. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice. Examples included reminders and coaching staff on open communication.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide patients with high quality evidenced based health services through a holistic approach. We spoke with nine members of staff during our inspection, all of which spoke positively about working at the practice. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice.

There was a clear staffing structure. Staff had defined roles and there were lead roles across a number of areas such as information governance, records management and human resources. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to for infection control guidance and how to report a whistleblowing concern.

Audits were used to monitor quality and to make improvements. Results were circulated and discussed in the practice and there was a strong theme of shared learning and emphasis on continuous quality and improvement.

Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet. We also saw a range of comprehensive risk assessments in place where risk was monitored and mitigated.

Leadership, openness and transparency

The GP partners and the deputy practice manager formed the management team at the practice. They were supported by a clinical team of three which included a GP registrar, a practice nurse and an apprentice health care assistant. There was also a non-clinical team of six staff members who covered reception, administration and secretarial duties.

The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Staff we spoke with expressed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice held a range of regular meetings, meetings were governed by agendas which staff could contribute to, we saw that minutes were clearly documented and actions were recorded and monitored at each meeting. Meetings included fortnightly practice meetings, monthly clinical meetings, monthly multidisciplinary meetings and monthly partner meetings. All staff frequently attended relevant meetings.

The practice also engaged with other practices through attending external meetings and educational events. For example, GPs attended local education events, members of the management team attended monthly CCG locality meetings and the deputy practice manager often engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

The practice received mostly positive responses in relation to internal surveys, the national GP patient survey, the NHS family and friends test and positive comments were often made through the NHS Choices website. However, the practice regularly analysed the results from these surveys and patient feedback was frequently reviewed and shared in practice meetings. For instance, we saw a number of practice presentation records where patient feedback and survey results were shared with staff. A review of the practice's internal patient survey highlighted that out of 106 completed surveys, all patients were happy with their consultation. Additionally, 97% of the respondents were happy with the information they received and discussed as part of their appointment.

The practice had an active patient participation group (PPG) which influenced practice development. The PPG consisted of 10 members, eight to 10 of these members

Are services well-led?

Good 

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

met on a quarterly basis. Minutes of meetings demonstrated that members of the management team often attended the PPG meetings. We spoke with a member of the PPG as part of our inspection who explained how the group had been involved in rebranding the surgery and how the group was working on utilising the practice website to share minutes of PPG meetings and recruit more members to join the group.

Continuous improvement

The practice had participated in a local Productive General Practice Programme which was an improvement programme initiated and facilitated through the Midlands and Lancashire Commissioning Support Unit (CSU). The project involved an extensive evaluation across various aspects of the practice including staff and patient feedback, the development of focus groups and a range of quality assessments designed to assess the quality of the service and identify areas to improve on. Many improvements were made within the practice through participating in the programme. For instance, internal

communication improved through focus groups, and a number of protocols were newly developed to reflect specific tasks such as processes for scanning. Furthermore, staff and patients were heavily involved in rebranding the practice and were also able to contribute ideas on how to improve the premises.

Throughout our inspection we noted that members of the practice team expressed a shared vision and staff at all levels also demonstrated a clear awareness of the future plans for the practice. These plans included improving premises access through plans to relocate, plans to expand and maximise training opportunities, as well as a number of specific projects. Future projects included the development of a crisis resolution and home treatment team for older adults. Staff explained how the practice was the first practice to host a local Consultant Geriatrician outreach programme whereby a Geriatrician was working closely with the practice on home visits, ward rounds and attending practice multidisciplinary meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	
Maternity and midwifery services	The practices processes for checking aspects of safety were not fully effective to ensure that adequate arrangements were in place to support the practice in the event of a medical emergency.
Surgical procedures	
Treatment of disease, disorder or injury	Governance arrangements were not always maintained in line with national guidelines specific to patient group directions (PGDs) and associated PGD records.