

Keats Grove Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

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 Keats Grove Surgery on 9 August 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and the management of high risk medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained and had the skills, knowledge and experience to provide effective care and treatment.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet people's needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision, which had quality and safety as its main priority.
- There was a clear leadership structure and staff felt supported by the management.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure systems are put in place for the proper and safe management of medicines.
- Complete employment checks as required by legislation for all staff employed.

The areas where the provider should make improvements are:

- Ensure that the plans developed to improve the management and care review of patients with long term health conditions are fully implemented to improve attendances.

- Continue taking proactive measures to improve the uptake of childhood immunisations and continue with efforts to engage the practice population with national screening and immunisation programmes.
- Ensure that staff are aware of how to use equipment installed to support patients with a hearing impairment.
- Consider providing privacy curtains or a screen in all consulting rooms to maintain the privacy and dignity of patients when receiving treatment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, relevant information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- However the practice could not confirm that all risks to patients were assessed. For example, the practice had not ensured that: Safe recruitment checks were completed for all staff. Appropriate arrangements were in place for the safe management of high risk medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed that the overall achievement of 83% of the available points was below average compared to the locality average of 92% and the national average of 95%. The practice had put plans in place to improve its performance. Current QOF data for 2015/16 showed that improvements had been made.
- The GP registrars presented evidence based guidance at practice clinical meetings to ensure that clinical staff, which included the practice nurses assessed patients needs and delivered care in line with current guidance.
- Clinical audits were carried out to demonstrate and support quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Arrangements were in place to gain patients' informed consent to their care and treatment.

Summary of findings

- Patients were supported to access services to promote them living healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published in July 2016 showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patients were concerned about the walk in appointment system. The practice was aware of this and actively reviewed and addressed patients' concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for effective, caring, responsive and well-led services overall and this gives an overall rating of good for the care of older people. The practice was rated as requires improvement for safe services. The concerns which led to these ratings in safe apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population. Home visits and flexible appointments were available for older patients.
- The practice had 52 patients living in care homes. Weekly ward rounds were carried out at one of the homes to support the long term care of older patients.
- Patients aged 75 years plus were offered annual health checks, allocated a named GP and were included on the practice hospital admission avoidance register.
- The practice maintained a register of housebound older patients and older patients who required a home visit.

Good



People with long term conditions

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

- The practice performance for the management of patients with long term conditions was below average compared to the local CCG and England averages. For example:
 - the percentage of patients on the diabetes register, in whom a specific blood test was recorded was 64% compared with the CCG average of 72% and England average of 77%). Further data showed that the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five

Requires improvement



Summary of findings

specific activities) in the preceding 12 months was 79% compared with the local CCG average of 91% and England average of 90%. COPD is the name for a collection of lung diseases.

- QOF data for 2015/16 showed some improvements in the clinical areas above and demonstrated the practice was focused on improving its management of patients with long-term conditions. For example, although still below the CCG and England average, the practice performance for the COPD indicator showed an increase of 4%.
- The GPs, nurses and healthcare assistants had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.

Families, children and young people

The practice is rated as good for effective, caring, responsive and well-led services and this gives an overall rating of good for the care of families, children and young people. The practice was rated as requires improvement for safe services. The concerns which led to these ratings in safe apply to everyone using the practice, including this population group.

- The practice uptake for the immunisation of children aged five years old was below the local and national averages. The practice had a proactive process in place to manage this.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 72% which was lower than the local CCG average of 78% and England average of 82%.
- Appointments were available outside of school hours and urgent appointments were available for children.
- We saw positive examples of joint working with other professionals. The practice worked closely with the community midwives to discuss and facilitate the care of pregnant women.
- Meetings were held every three months with the health visitor to discuss babies and children identified as at risk and those on the child protection register.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for effective, caring, responsive and well-led services and this gives an overall rating of good for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for safe services. The concerns which led to these ratings in safe apply to everyone using the practice, including this population group.

- The practice offered telephone consultations specifically for workers.
- Extended hours appointments were available three days each week between the hours of 8am and 8pm.
- The practice offered online services which included making online appointment requests.
- Patients were sent telephone texts to remind them about their appointment and to send test results.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for effective, caring, responsive and well-led services and this gives an overall rating of good for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe services. The concerns which led to these ratings in safe apply to everyone using the practice, including this population group.

- The practice held a register of patients with a learning disability and offered this group of patients longer appointments.
- The practice was alerted to other patients whose circumstances may make them vulnerable or may present a risk to ensure that they were registered with the practice if appropriate.
- The practice had identified that approximately 1% of its patients misused substances that could cause them harm. The practice maintained a register to monitor their care and worked alongside other community organisations to support this group of patients.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a designated member of staff who attended safeguarding meetings.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for effective, caring, responsive and well-led services and this gives an overall rating of good for the care of people experiencing poor mental health (including people with dementia). The concerns which led to these ratings in safe apply to everyone using the practice, including this population group.

- The practice worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- A quiet room located away from the main waiting area was available to be used by patients who were anxious and appointments were made available at quieter times of the day.
- The practice maintained a register of 34 patients diagnosed with dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 68%, which was lower than the local CCG average of 82% and England average of 84%. The practice had plans in place to improve this and current QOF data for 2015/16 showed a significant increase to 86%.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2014/15 showed that 82% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was lower than the local CCG and England averages of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling clinic sessions were held at the practice with an experienced mental health counsellor based in the community.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing similar to the local and national averages in several areas. A total of 352 surveys (5.5% of patient list) were sent out and 117 (33%) responses, which is equivalent to 1.8% of the patient list, were returned. Results indicated the practice performance was lower than other practices in some aspects of care. For example:

- 66% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 66% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 76% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 66% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).
- 80% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received nine

comment cards these were positive about the standard of care. Patients said that the service was very good and that staff were professional, attentive to patients' needs, helpful, polite and understanding. We spoke with a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. The PPG member told us that they were satisfied with the care provided by the practice, felt that they received good treatment were listened to and treated with respect. They also felt encouraged to make suggestions to support improvement of the services provided.

The practice monitored the results of the friends and family test monthly. The results for August 2015 to July 2016 showed that 160 responses had been completed and of these, 95 (59%) patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 37 (23%) patients were likely to recommend the practice. The number of patients that were neither likely nor unlikely to recommend the practice was eight (5%), three (2%) patients were unlikely, 10 (6%) patients were extremely unlikely to recommend the practice and seven patients did not know if they would recommend the practice. Comments made by patients in the family and friends tests were in line with the positive comments made in the comment cards we received. These comments were discussed at the practice participation group meetings and staff meetings.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems are put in place for the proper and safe management of medicines.
- Complete employment checks as required by legislation for all staff employed.

Action the service **SHOULD** take to improve

- Ensure that the plans developed to improve the management and care review of patient with long term health conditions are fully implemented.

- Ensure that staff are aware of how to use equipment installed to support patients with a hearing impairment.
- Consider providing privacy curtains or a screen in all consulting rooms to maintain the privacy and dignity of patients when receiving treatment.

Keats Grove Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Keats Grove Surgery

Keats Grove Surgery is registered with the Care Quality Commission (CQC) as a partnership. The practice is located in Wolverhampton and has good transport links for patients travelling by public transport. Parking is available for patients travelling by car plus off road parking. The practice is a single story building and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of three GP partners two male and one female. All the GPs work full time, nine to ten sessions per week. The GPs are currently supported by a practice pharmacist, two practice nurses and a healthcare assistant. Clinical staff are supported by a practice manager, an assistant practice manager and eight administration / receptionist staff and a cleaner. In total there are 17 staff employed either full or part time hours to meet the needs of patients. The practice also use GP locums at times of absence to support the clinicians and meet the needs of patients at the practice. The practice is a training practice for GP registrars.

The practice is open between 8am and 7.30pm Monday and Tuesday, 8am to 8pm Wednesday and Friday, and Thursday and 8am to 1pm. Appointment times for patients

vary for the doctors, practice nurse and healthcare assistant and include both morning and afternoon clinic sessions. Extended hours appointments are available Monday morning between 8am and 8.30am and late evening appointments from 6.30pm to 7.45pm on Wednesday and Friday. The practice also offers a walk in clinic system between 9am and 10.30am each week day morning. All the GPs are involved in the walk in clinic until 10.30am. After 10.30am one of the GPs continues seeing the remaining patients and the other GPs see the patients who have booked appointments. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 6,388 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the care of patients with a learning disability. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 38% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (32% compared to 16%).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 9 August 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had recorded 17 significant events both clinical and operational that had occurred between February 2015 and May 2016. One of the events showed that a letter was scanned onto the wrong patient's notes. The procedures carried out by scanning and coding staff were reviewed and the staff asked to double check patients details before scanning documents to patients' records. Records showed that the incident was also discussed at an administration/reception staff meeting. We saw evidence that lessons were shared and action was taken to improve safety at the practice.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead for safeguarding and the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. A named member of the administration staff was responsible for coordinating

child protection issues. This included following up the parents of newborn babies that had not been registered with the practice and following up children that had not attended for immunisation appointments. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child safeguarding level 3. The practice routinely reviewed and monitored children who did not attend appointments and also maintained a list of children who were included on the child protection register. Suspected safeguarding concerns were shared with health visitors through regular meetings.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had employed a cleaner and there were cleaning schedules in place and cleaning records were maintained. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included gloves and aprons. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs. Appropriate clinical waste disposal contracts were in place. The practice nurse was the infection control clinical lead for infection control. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The management of most medicines at the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). This included the safe management of emergency medicines and vaccines. The practice carried out regular medicines audits, with the support of the practice pharmacist who was also an independent prescriber, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. The practice pharmacist was responsible for making changes to prescribed medicines in patient's records following a visit to hospital. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

The practice did not have effective systems in place for the prescribing and monitoring of high risk medicines. There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored. The arrangements for managing repeat prescriptions for high risk medicines that required monitoring were not consistently followed. For example, there were 18 patients on methotrexate (a medicine used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis). We saw that blood test results were not available for eight of the 18 patients'. A further example showed that the test results for patients taking a medicine that stops the blood clotting had not been recorded in patients records to confirm that these were checked before providing a repeat prescription. These issues were discussed with the GPs who acknowledged that the arrangements were not fully effective and told us that systems would be reviewed. The practice planned to review its current practice which included a review of all patients and develop appropriate policies and procedures to address this.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice had systems for ensuring that medicines were stored in line with manufacturers guidance and legislative requirements. This included daily checks to ensure medicines were kept within a temperature range that ensured they were effective for use.

- We reviewed four personnel files and found that there was evidence that qualification and had been completed for the practice nurses and GPs. The practice had also ensured that appropriate checks had been completed. However not all recruitment checks had been undertaken prior to employment. For example, three of the four files had no proof of identification and two of the four files contained no information on

employment history. We found that there was no recruitment information available for the practice pharmacist who had been employed to work eight hours per week. The practice acknowledged that its recruitment practice needed improvement. After the inspection the practice sent us evidence to show that some staff files had been reviewed and updated. The practice also developed a recruitment checklist which it planned to attach to staff files. The practice used GP locums to support the clinicians and meet the needs of patients at the practice. The practice obtained sufficient and appropriate information such as DBS checks and confirmation of the locum GPs right to work in the United Kingdom. This information was used to confirm that locum staff were suitable to work with patients at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified the health and safety representative. The practice had up to date fire risk assessments, carried out regular fire drills and a member of staff was the designated fire marshall. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. The practice used locum GPs to help meet the needs of patients at times of GP absence such as annual leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents, which included:

Are services safe?

- An instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 copies of the plan were kept off site.
- Annual basic life support training was attended by all staff. There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were available. These were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GP partners could clearly outline the rationale for their approach to treatment. The practice used electronic care plan templates based on NICE guidance. Examples of these were seen and included templates for asthma and dementia. To ensure clinical staff were familiar with current best practice guidance the GP registrars carried out presentations at clinical meetings. The practice nurses were encouraged to attend these meetings. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 83% of the total number points available for 2014-2015 this was lower than the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 3.3% was lower than the CCG average of 7.5% and national average of 9.2%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2014-2015 showed:

- The practice performance in three of the five diabetes related indicators was lower than the local CCG and England averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test was recorded was 64% compared with the

CCG average of 72% and England average of 77%). The practice exception reporting rate of 3% showed that it was lower than the local average of 8.9% and the England average of 11.7%.

- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 79%. This was lower than the local CCG average of 91% and England average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 5% showed that it was lower than the local average of 6.8% and national average of 11.1%.
- Performance for mental health related indicators was lower than the local CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 82% compared to the local CCG and England averages of 88%. The practice clinical exception rate of 12.5% for this clinical area was higher than the local CCG average of 8.7% and similar to the England average of 12.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was lower than the local CCG average and England averages (68% compared with the CCG average of 82% and England average of 84%). The practice clinical exception rate of 6.7% for this clinical area was lower than the local CCG average of 7.7% and the England average of 8.3%.

The practice had performed below average overall when compared to the local CCG and England averages. However, the clinical exception reporting rates for the practice were significantly lower overall in 14 of the 16 identified clinical domains. For example, the overall exception reporting rates for the diabetes clinical indicators was 3%. This was lower than the local CCG average of 8.8% and the England average of 10.8%. The practice had identified that its performance for the management of patients with long term conditions was an area that needed improvement. Examples of these included some of the diabetes and COPD health indicators. Current QOF data for 2015/16 showed some improvements in these clinical areas and demonstrated the focus and appropriateness of

Are services effective?

(for example, treatment is effective)

the practice plans for improving its management of patients with long-term conditions. For example, although still below the CCG and England average, the practice performance for the COPD indicator showed an increase of 4%. The percentage of patients on the diabetes register, in whom a specific blood test had increased slightly to 66%. Further data also showed that the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months had increased significantly from 68% to 86%. This was higher than the local average of 83% and England average of 84%. The practice had introduced a number of changes and was involved in local initiatives to support improvements in the review of patients with chronic health conditions. For example, the practice had employed a practice pharmacist to support the review of the care and treatment of patients with long term conditions. The responsibility for QOF performance monitoring was shared between practice staff. The GPs attended peer review meetings with other local GP practices where clinical issues, treatments and performance were discussed.

Clinical audits were carried out to facilitate quality improvement and the practice encouraged all staff to carry out audits and this included the nurses. We saw that five clinical audits had been carried out over the last 12 months. One of the audits looked at how the practice could improve its management of patients with COPD. The practice had a high number of patients with COPD and had identified that a high percentage of these patients were admitted to hospital. There were 139 patients with COPD registered at the practice and of these 85 (61%) had had an appropriate review completed. Forty five (29%) of these patients had not attended for a recent review and 36 (26%) had not attended a review for many years. The audit showed that despite sending out regular letters to these patients, there was a continued failure to attend a review appointment. Following the outcome of this first audit cycle the practice put a protocol in place to improve the management of patients diagnosed with COPD. The protocol included designating a lead GP, contacting the patient and arranging appointments, involving the community care clinical team and supporting patients to live healthier lives such as smoking cessation advice. The practice had plans in place to undertake a second cycle of this audit. Completed cycle audits include the practice performance with asthma reviews and contraception.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. Staff received information such as policies and procedures related to working practices. All staff received training that included basic life support, safeguarding, infection control, health and safety, fire safety, equality and diversity, chaperoning and mental capacity.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of their individual development needs. All staff had had an appraisal within the last 12 months. The GPs and practice nurses had all completed clinical specific training updates to support annual appraisals and revalidation. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff was completed. Staff had access to and made use of e-learning modules, in-house and external training opportunities. The healthcare assistant had attended relevant training to update their skills and was supervised by the practice nurses. The practice nurses attended local peer group meetings with other practice nurses to keep up-to-date with new practices.

Coordinating patient care and information sharing

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

This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had effective systems in place to ensure that patient reports, referrals, and discharge letters were viewed within 24 hours. We found that there was no outstanding patient related information that had not been actioned.

The practice worked closely with other professionals for example, the community midwives and physiotherapist who also carried out clinics at the practice. Staff also worked with other health and social care professionals to understand and meet the range and complexity of patients'

Are services effective?

(for example, treatment is effective)

needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified two percent of its patient population who were at risk of unplanned admissions to hospital. The practice hospital admission avoidance register included patients with more than one health related condition or disease and who may or may not be vulnerable. Care plans were routinely reviewed and updated for patients with complex needs and plans were put in place to minimise future admissions. A copy of the care plan was left with the patient for access by the district nurses and the ambulance and out of hours services.

Consent to care and treatment

Staff sought patients' consent to care and treatment. We found that a formal practice wide approach for obtaining written consent from patients was not in place to ensure the process followed would be consistent and in line with legislation and guidance. Staff understood the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through the audit of patient records. We saw that the wishes of patients who had signed do not attempt to resuscitate records were recorded in patients records with an alert to ensure that staff and other professionals were aware of this request.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs. These included patients in the last 12 months of their lives, carers, those with or at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients had access to appropriate health assessments and checks. For example, patients with a learning disability were offered a comprehensive health review. Patients were signposted to relevant health promotion services for example, smoking cessation clinics, dietary advice and health trainers. Health

promotion information with details of support services was also available and accessible to patients in the waiting area and on the practice website. The healthcare assistant carried out the initial health checks for new patients and patients aged 40 to 74 years.

Travel vaccinations and foreign travel advice was offered to patients. Childhood immunisations and influenza vaccinations were available in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for childhood immunisations was lower than the local CCG average for patients aged five years of age. Data for the other two age groups was similar to the local CCG average. For example, the practice childhood immunisation rates for children:

- under two years of age ranged from 80% to 92%, (CCG average 74% to 96%),
- aged two to five 81% to 94%, (CCG average 84% to 96%)
- aged five year olds from 62% to 92%, (CCG average 77% to 95%)

One of the practice administration staff followed up children who did not attend for their immunisation. The practice also worked closely with the health visitors and local centre for children to follow up these children.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 72% which was lower than the local CCG average of 78% and the England average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of female patients screened for breast cancer was comparable to the local CCG and England average. The data for the number of patients aged 60 to 69 screened for bowel cancer (42%) was low when compared to the local CCG of 50% and England average of 55%.

The practice was aware of these results and had included plans to ensure improvement in these areas as part of its overall formal quality improvement and development plans for the practice. Some of these plans had already been implemented. This included a designated member of staff to coordinate non-attendance at immunisation appointments and the introduction of an effective call and re-call for patients who did not attend health screening appointments.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspections that members of staff were courteous and helpful to patients and patients were treated with dignity and respect. Patients were encouraged to queue away from the reception desk and not stand directly behind a patient speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area or room was available where they could not be overheard.

We received nine Care Quality Commission (CQC) comment cards. Patients were positive about the service patients experienced. Comment cards highlighted that patients were positive about the service they received. Patients commented that staff treated them with respect and responded compassionately when they needed help. Nurses and GPs listened and responded to their needs and they were involved in decisions about their care.

Consultations and treatments were carried out in the privacy of a consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. We saw that neither privacy curtains or screen was available in one of the rooms. Staff told us that patients privacy was maintained by locking the door when required. We also noted that staff knocked on doors before they entered consulting rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey results published in July 2016 showed that the patient responses to their satisfaction with consultations with GPs were above average. The responses for nurses were similar to or below average for nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the local CCG average of 83% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 93% and the national average of 95%

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 81% and the national average of 85%.
- 89% of patients said the nurse was good at listening to them compared to the local CCG average of 91% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared to the local CCG average of 96% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 88% national average of 91%).

The patient responses for satisfaction with the receptionists at the practice were lower than the local and national averages. The results showed:

- 80% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than the local and national averages for both GPs and nurses. For example:

- 91% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

Are services caring?

- 85% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 91% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%)
- 89% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

The practice had 66 patients over the age of 18 years on its practice carers register. This represented one percent of the practice population. There were notices and leaflets displayed in the waiting room and a carers pack that

provided patients with appropriate information. The information available informed patients about the support and services provided both at the practice and in the local community. The practice offered carers longer appointments, health checks and the flu vaccination.

Patients felt positive about the care and support they received to cope with their bereavement. Staff told us that if families had suffered bereavement, they were contacted by their usual GP and provided with support when appropriate. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of bereavement and counselling support groups and organisations. Information about support groups was also available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- The practice maintained a register of 35 patients who experienced poor mental health. Patients were offered continuity of care and the practice ensured that patients had access to appointments with a counsellor and other community based professionals. A quiet room located away from the main waiting area was available to be used by patients who were anxious and appointments were made available at quieter times of the day.
- The practice had identified that approximately 1% of its patients misused substances that could cause them harm. A register was maintained to monitor their care and the practice worked alongside other community organisations to support this group of patients.
- Sixty one percent of the patients on the practice register were of working age. To support this group of patients a flexible appointment system was available. Patients could book appointments online, telephone consultations and the practice planned to introduce early morning appointments. The practice also offered extended clinic appointments three days of the week for working patients.
- The practice had a register of 25 patients with a learning disability and longer appointments were offered to support their needs.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were longer appointments available for older patients and those patients who would benefit from these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- There were disabled facilities and the practice was easily accessible to patients who used wheelchairs and families with pushchairs or prams. The doors at the entrance of the practice were not automatic to support ease of access for patients with mobility problems. An accessible doorbell was provided and reception staff supported patients to access the practice. We found that the bell could easily be heard at the reception area.
- A hearing loop was available, however when we asked if it was used staff told us that they did not know how the loop worked.

Access to the service

The practice is open between 8am and 7.30pm Monday and Tuesday, 8am to 8pm Wednesday and Friday, and Thursday and 8am to 1pm. Appointment times for patients varied for the doctors, practice nurse and healthcare assistant and included both morning and afternoon clinic sessions. Extended hours appointments were available Monday morning between 8am and 8.30am and late evening appointments from 6.30pm to 7.45pm on Wednesday and Friday. The practice also offered a walk in clinic system between 9am and 10.30am each week day morning. All the GPs were involved in the walk in clinic until 10.30am. After 10.30am one of the GPs continued seeing the remaining patients and the other GPs saw patients who had booked appointments. This practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service provided by Vocare via the NHS service. Information about the out of hours service was available on the practice answerphone, practice leaflet and website.

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

- 71% of patients who responded were satisfied with the practice's opening hours compared to the local average of 79% and England average of 78%.
- 66% of patients who responded said they could get through easily to the surgery by phone (local average 70%, England average 73%).

Two of the nine comment cards we received contained negative comments about the walk in appointment system. This was a relatively new initiative. The practice was constantly reviewing and making changes based on

Are services responsive to people's needs?

(for example, to feedback?)

patients feedback to make improvements and improve patients' experience. The practice discussed these issues at practice meetings and with the patient participation group (PPG).

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Information on the practice website told patients to contact the practice before 12 noon to request a home appointment. The practice operated a telephone triage system and patients were contacted following the morning and evening clinics. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The priority of the visit was based on the severity of their condition. The GP made a decision on the urgency of the patients' need for care and treatment and the most suitable place for this to be received.

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints at the practice. Information was available to help patients understand the complaints system. The process for making a complaint was detailed in the practice leaflet and on the website.

The practice had received seven complaints in the last 12 months. Records we examined showed that both verbal and written complaints had been investigated and responded to in a timely manner and in line with the practice complaints policy. The complaints were discussed at staff meeting and with appropriate staff. There were no trends identified, where appropriate complaints were recorded as a significant event. Records identified that lessons were learnt from individual concerns and complaints and action was taken to improve the quality of care.

Listening and learning from concerns and complaints

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 junior partner told us that the overall aim of the practice was to deliver the care they would expect for their loved ones. The practice had written mission statements which were owned by patients and staff. The statements described the vision for the practice and these were shared and discussed at both staff and patient participation group (PPG) meetings. The practice vision focussed on:

- providing good quality care to patients
- ensuring a clean and safe environment
- a responsible use of resources,
- maintaining appropriate skilled and trained staff,
- treating patients with respect and dignity at all times,
- involving patients in the development and improvement of services,
- working effectively with external professionals and agencies to support patient care

Staff we spoke with were able to demonstrate the achievement of some of these aims. For example the practice had reviewed its staff and had recruited additional clinical staff which included a third GP partner and a clinical pharmacist. Patient access to the practice had been reviewed and changes made to improve access for working patients.

Governance arrangements

The practice had a governance framework which supported the operation of the practice and promoted good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities. All staff were supported to address their professional development needs.
- We found that the management and leadership team had an understanding of the performance of the practice and had identified areas for improvement.
- The practice held formal monthly meetings at which governance issues were discussed. There was a structured agenda and an action plan.
- The GP partners, practice nurses and healthcare assistant had designated clinical lead roles.

- Practice specific policies and procedures were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions were in place.

Leadership and culture

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. The newly appointed partner demonstrated that they were able and willing to take a lead role during the inspection and discussed the short and long term future development of the practice during the presentation. For example, there was a strong focus on involving all staff in improving the care of patients with long term conditions. The leadership team prioritised safe, high quality and compassionate care. The GP partners, practice manager and the deputy practice manager were visible at the practice and staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment that affected people received reasonable support, relevant information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by the management team. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. The practice had a scheduled yearly timetable of meetings that took place. This showed that regular meetings took place between the partners, clinical staff which included the practice nurses and GP registrars, staff team meetings and practice wide meetings which involved all staff. We saw that minutes of meetings were maintained.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was an established Patient Participation Group (PPG). Formal meetings were held at least every three months with the PPG and minutes were available to confirm this. The practice was aware of patient feedback and reviewed the results of the GP patient survey. The practice had addressed concerns raised by the patients and discussed at PPG meetings about the walk in appointment system. Suggestions for improvement were trialled and reviewed on an ongoing basis to ensure a suitable appointment system was in place to meet patients' needs. The practice had varied methods in place to gather feedback from patients who used the service which included comments and suggestion boxes.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. The practice staff worked effectively as a team and their feedback was valued.

Continuous improvement

The practice had identified that improvements were needed to increase the number of long term care patients who received a review of their care. To address this the practice had developed and put in place an overall quality improvement plan. This included a review of its staffing levels and recruitment of additional clinical staff.

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and had used the outcome of these to ensure that appropriate improvements had been made.

The practice was involved in a number of local pilot initiatives which supported improvement in patient care across Wolverhampton. The GPs could demonstrate involvement in clinical meetings with their peers to enable them to discuss clinical issues they had come across, new guidance and improvements for patients. The practice was a training practice for GP trainees.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: <ul style="list-style-type: none">• Appropriate arrangements were not in place for the proper and safe management of medicines.• The provider had not ensured that they consistently made all appropriate checks on persons employed for the purposes of carrying on a regulated activity before they were employed.