

# Ashfield Road 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 Ashfield Road Surgery on 7 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Formal arrangements were not in place for the ongoing monitoring of significant events to prevent further occurrences and ensure that improvements made were appropriate.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Most risks to patients and staff were assessed but risk assessments were not carried out on cleaning products used at the practice.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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
- Feedback from patients about their care was consistently positive and was reflected in the national patient survey published in July 2016.
- The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice was aware of and complied with the requirements of the duty of candour.

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

# Summary of findings

- Ensure that risk assessments are carried out to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.
- Ensure that staff are aware that the fridges used to store medicines should be checked in the event of a power cut.

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

- Introduce formal arrangements for the ongoing monitoring of significant events to prevent further occurrences and ensure that improvements made are appropriate.

**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.

- There was a system in place for reporting and recording significant events. However, arrangements were not in place for the ongoing monitoring of significant events to prevent further occurrences and ensure that improvements made were appropriate.
- When things went wrong patients received reasonable support, relevant information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Effective systems to manage risks were not fully in place. Risk assessments had not been completed to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated improvement.
- Staff had the skills and knowledge 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.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

**Good**



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 81 carers on its register. This represented 1.6% of the practice population, which was above the expected one percent.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

- The practice had a vision and strategy and staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. In records we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff. However, changes made were not monitored to confirm they were appropriate.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Systems were not in place to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.

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

### People with long term conditions

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

Good



- The GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice performance in diabetes related clinical indicators for 2015/16 was lower than the local CCG and England averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar level had been over a period of time was 66% compared with the CCG average of 75% and England average of 78%. The practice exception reporting rate of was lower than the local CCG and England averages. The practice provided data that showed improvements had been made and to date performance had increased to 90%.
- Longer appointments and home visits were available when needed.

### Families, children and young people

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

Good



- Immunisation rates were similar overall for all standard childhood immunisations.

# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had access to health visitors to discuss childhood development, immunisations and pre-school checks.
- Community midwives carried out an antenatal clinic one morning per week to support the care of pregnant women,
- The practice's uptake for the cervical screening programme of 73% was lower than the local Clinical Commissioning Group (CCG) average of 78% and the England average.
- Protected daily appointments were available for children of all ages and children aged under the age of one were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

## **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).

- The practice offered on telephone consultations.
- The practice offered extended clinic appointments on Saturday mornings for working patients who could not attend during the normal opening hours. Plans were in place to carry out a trial of additional early morning and late evening extended hours.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were sent telephone texts to remind them about their appointment.
- Patients were signposted to a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice supported patients who abused substances that could harm their health and wellbeing and provided health, social and professional support.
- The practice held a register of 19 patients with a learning disability and offered this group of patients' longer appointments.

**Good**





# Summary of findings

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

## 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).

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was the same as the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2015/16 showed that only 40% of patients who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was lower than the national average of 89%. The practice had looked at this and determined that the data was inaccurate due to inaccurate coding of patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed that 297 surveys (5.8% of patient list) were sent out and 114 (38%) responses, which is equivalent to 2.2% of the patient list, were returned. The practice was performing higher overall compared to the local and national averages in several areas. For example:

- 88% 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%.
- 89% 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%).
- 94% 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%).
- 95% of the patients who responded said they found the receptionists at this practice helpful (CCG average 84%, national average 87%).

- 92% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mostly positive about the standard of care received at the practice. Patients said that the service was excellent, that staff were excellent, professional, caring and polite. We spoke with nine patients; four of the patients were members of the practice patient participation group. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. The PPG members said they were encouraged by the practice staff to make suggestions to support improvement of the services provided. All the patients told us that they were happy with the service, were not rushed and felt that the staff took the time to listen.

## Areas for improvement

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

- Ensure that risk assessments are carried out to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.

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

- Introduce formal arrangements for the ongoing monitoring of significant events to prevent further occurrences and ensure that improvements made are appropriate.
- Ensure that staff are aware that the fridges used to store medicines should be checked in the event of a power cut.

# Ashfield Road Surgery

## 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 an Expert by Experience.

## Background to Ashfield Road Surgery

Ashfield Road Surgery is registered with the Care Quality Commission (CQC) as a partnership and provides services over two sites within the Wolverhampton area. The main practice is based at Ashfield Road Surgery and the branch is located at, Pendeford Health Centre. For this inspection a visit was made to both sites. The practice and branch have good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. There is level access at the branch practice with access via a ramp at the main site. Services are provided to patients on the ground floor at each of the premises and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 5,152 patients over the two sites. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations, minor surgery and extended hours.

The practice team consists of two GP partners, one male and one female. Both GPs work nine to ten sessions each per week. Two advanced nurse practitioners who work part time and a practice nurse who also works part time support the GPs. Clinical staff are supported by two practice

managers and five administration / receptionist staff. In total there are 12 staff employed either full or part time hours to meet the needs of patients across both sites. The practice also uses a regular locum GP to support the practice and meet the needs of patients at times of absence.

The main practice Ashfield Road Surgery is open Monday to Friday between 8.45am and 1pm and 2pm to 6.30pm except Thursday when the practice closes at 1pm. The branch is open Monday to Friday from 9am to 1pm, 1.30pm to 6pm on Tuesday and 2pm to 6pm Monday, Wednesday and Friday. The branch practice is also closed on Thursday afternoon. Appointments times for patients vary for the GP and nurses and include both morning and afternoon clinic sessions. The practice offers extended hours appointments on a Saturday morning. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Vocare via the NHS 111 service.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 November 2016.

During our visit we:

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

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

There was a system for the active management of safety alerts with evidence of recent reviews and action taken available. The practice managers received the alerts and disseminated them to relevant staff to act on if appropriate. Discussions with both GPs showed that they were aware of recent medicine alerts. Practice staff shared one example of a medicine alert related to a faulty batch of insulin (a medicine used to treat patients with diabetes). A review of all patients prescribed insulin was contacted to check the batch number of their medicine. One patient was identified and was appropriately followed up and managed. These checks were recorded in patient records.

We reviewed safety records, incident reports and minutes of meetings where significant events were recorded and discussed. Records we looked at showed that nine significant events, both clinical and operational had occurred over the past 12 months. One of the events was the loss of electrical power supply at the main practice site. The cause of the electrical power failure was identified, detailed records written and the incident addressed in a timely manner. The records did not show that checks were carried out to ensure that medicines stored in fridges had not been affected. The minutes of meetings showed that learning from events had been shared with staff. Staff we spoke with confirmed that these discussions had taken

place and were able to share examples of significant events that had occurred. However, there were no records to confirm that significant events were followed up to ensure continuous improvements were maintained.

### Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. Safeguarding was a set agenda item for discussion at the weekly practice clinical meetings. The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice also routinely reviewed and monitored children who did not attend hospital appointments and immunisation appointments. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The GPs were able to share examples of recent safeguarding events and the action taken to manage these. Suspected safeguarding concerns were shared with other relevant professionals such as social workers and the local safeguarding team.
- Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. This ensured that different patient groups were made aware that this service was available to them. All staff had received chaperone training. Staff files showed that c DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice had an infection control policy in place and supporting procedures were available for staff to refer to. There were cleaning schedules in place and cleaning records were kept. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. One of the nurses was the clinical lead for infection control.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had effective shared care systems in place to review and monitor patients prescribed high risk medicines. There was evidence that the GPs had accessed the results of tests carried out at the hospital before issuing a repeat prescription.
- The practice carried out regular medicine audits, with the support of the local clinical commissioning group (CCG) pharmacy advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Specific medicine directions (Patient Group Directions for the practice nurses.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

Most risks to patients were assessed and well managed. There was a health and safety policy available. Risk assessments in place to monitor the safety of the premises included gas and electric tests, control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments and fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. We saw that a cupboard located under the stairs was used to store cleaning products. The cupboard was not lockable and the products were not appropriately stored. There was no information to show that risk assessments were in place to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.

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.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Examples of NICE treatment guidance referred to included diabetes, asthma and coronary heart disease. The practice used electronic care plan templates to plan and monitor the care of patients with long term conditions. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Clinical staff discussed this guidance informally and at practice meetings and could clearly outline the rationale for their approach to treatment.

### 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 92% of the total number points available for 2015/16 this was lower than the local Clinical Commissioning Group (CCG) average and the national averages of 95%. The practice clinical exception rate of 4.7% was lower than the CCG average of 8.7% and the national average of 9.8%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2015/16 showed:

- The practice held a patient register of 349 patients with diabetes. The practice performance in three 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 to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 66% compared with the CCG

average of 75% and England average of 78%. The practice exception reporting rate of 3.6% was lower than the local average of 11.5% and the England average of 12.5%.

- The practice held a patient register of 95 patients with COPD. Performance for the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 83%. This was lower than the local CCG average of 92% and England average of 90%. The practice exception reporting rate of 5.6% was lower than the local CCG average of 7.8% and the England average of 11.5%.
- The practice held a patient register of 45 patients with mental health illnesses. Performance for mental health related indicators was significantly lower than the local CCG and England averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 40% compared to the local CCG and England average of 89%. The practice clinical exception rate of 5.4% was lower than the local CCG average of 7.6% and England average of 12.7%.
- The practice held a patient register of 22 patients with dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% the same as the local CCG and England averages. The practice clinical exception rate of 3.8% for this clinical area was lower than the local CCG average of 6.1% and the England average of 6.8%.

The practice was aware of the clinical areas where the practice had performed lower than the local CCG and England averages. The practice maintained registers of all patients with specific health problems which included chronic diseases such as asthma and diabetes and mental health disorders. The GPs and practice manager told us that a review of the data for mental health indicators were due to inaccurate coding. Information shared with us showed that the practice performance to date for 2016/17 QOF year had increased to 59%. The GPs told us that patients experiencing mental health problems were reviewed on their initial visit to the practice and treatment options discussed. The practice employed two advanced



# Are services effective?

## (for example, treatment is effective)

nurse practitioners to support the review of patients with long-term conditions and there was an effective call and recall system in place. The patients on these registers were closely monitored and the responsibility for QOF performance monitoring was shared between practice staff. We saw that the CCG benchmarked the practice against other practices in the locality. The GPs attended peer review meetings. Clinical issues, medicines, treatments and performance were discussed at these meetings.

Clinical audits were carried out to facilitate quality improvement. The practice showed us three clinical audits that had been carried out in the last year; one of these had a second cycle completed to demonstrate improvement. For example, the practice had an ongoing cyclical audit to review that patients with hypothyroid (an underactive thyroid) had blood tests carried out to check that their treatment was working. For the period April 2015 to December 2015 the practice had identified 111 patients on the register and only 28 (25%) had blood tests carried out. The second audit cycle showed that the number of patients on the register had increased to 183 and of these 101 (55%) patients had had blood tests carried out.

The practice also carried out non-clinical audits. These were related to the day to day operation of the practice such as monitoring incoming telephone calls, incoming post and a review of patients who failed to attend planned GP appointments. These audits were repeated and showed ongoing improvements.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff received ongoing training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. One of the advanced nurse practitioners was the mentor for the practice nurse and a structured plan had been put in place to support the nurse's development.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. We saw minutes of meetings that had taken place which included details of a review following a patient's death.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the wider healthcare team to ensure that their patients' health and social care needs were being assessed and met.

### Consent to care and treatment



# Are services effective?

## (for example, treatment is effective)

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on diet, smoking and alcohol cessation. Patients had access to health assessments and were signposted to relevant services where appropriate. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The uptake for cervical screening for women between the ages of 25 and 64 years for the 2015/16 QOF year of 73% was lower than the local CCG average of 78% and the England average of 81%. The practice had carried out a review of patients that had not attended appointments. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured that results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Travel vaccinations and foreign travel advice was offered to patients. Childhood immunisations and influenza vaccinations were available in line with current national guidance. Data collected by NHS England for 2015/16 showed that the performance for childhood immunisations were mostly similar to the local CCG averages for example, immunisation rates for children showed that:

- The percentage of children under two years of age was 88% to 97%, (England average 90%),
- The percentage of children aged five years old was 91% to 97%, (England average 88% to 94%)

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients could be treated by a clinician of the same sex.

Comments in the 31 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff listened, were helpful, caring and treated them with dignity and respect.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 91% of patients said the nurse was good at listening to them compared to the CCG and national averages of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

## Are services caring?

- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Patients told us that they had used this service.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice actively supported isolated or house-bound patients and gave examples of undertaking visits at short notice, arranging prescription collections and signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (1.6% of the practice list). Carers were referred for carer assessments and support by Wolverhampton Carers Support team. Patients registered at the practice were offered an annual health check. If the carer was not a patient at the practice, they were advised to request a health check at their own surgery.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone to offer condolences. A bereavement letter and booklet was also sent out containing advice on how to find and access appropriate support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice held a register of approximately 45 patients who experienced severe and enduring mental illness. The practice provided continuity of care through joint working with mental health professionals and counselling for these patients at the practice.
- The practice maintained a register of 22 patients diagnosed with dementia and all patients had a care plan in place.
- The practice offered early morning extended appointments on Saturdays for working patients who could not attend during the normal opening hours. These appointments had to be booked in advance. Telephone consultations were available every day after morning and evening clinics.
- The practice offered online access to making appointments and ordering repeat prescriptions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice was easily accessible to patients who used wheelchairs and families with pushchairs or prams. Facilities for patients with mobility difficulties included level access at the branch practice and access via a ramp at the main site, adapted toilets for patients with a physical disability.
- The practice maintained a register of 19 patients with a learning disability and 60% had received an annual health assessment.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.

### Access to the service

The main practice, Ashfield Road Surgery was open Monday to Friday between 8.45am and 1pm and 2pm to 6.30pm except Thursday when the practices closed at 1pm. The branch was open Monday to Friday from 9am to 1pm, 1.30pm to 6pm on Tuesday and 2pm to 6pm Monday, Wednesday and Friday. The branch practice was also closed on Thursday afternoon. Appointments times for patients varied for the GP and nurses and included both morning and afternoon clinic sessions. The practice offered extended hours appointments on a Saturday morning. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service Vocare via the NHS 111 service.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 85%.
- 99% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 75% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

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

# Are services responsive to people's needs?

(for example, to feedback?)

Requests for home visits were referred to the GP who reviewed all patients requesting a home visit. The practice kept a log of all visits requested and carried out. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible

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

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

# 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 deliver high quality care and promote good outcomes for patients. The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The plan had been reviewed over the past two years following the retirement of one of the partners and another partner joining the practice. Staff and patients felt that they were involved in the future plans and development of the practice. The mission statement for the practice was broadly described as a community where every patient mattered and their health needs fulfilled by a caring dedicated team of staff. The practice worked as a team and ensured the vision was shared and discussed at both staff and patient participation group (PPG) meetings. The GP partners and staff we spoke with demonstrated the values of the practice and a commitment to improving the quality of the service for patients.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. Arrangements to manage risk was varied and there were areas for improvement.

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the partners was the lead for safeguarding and medicine management. Both clinical and non-clinical staff held additional responsibilities which supported the day to day operation of the practice.
- All staff were supported to address their professional development needs.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings provided an opportunity for staff to learn about the performance of the practice. The practice held formal weekly and monthly meetings at which governance issues were discussed. There was a structured agenda and an action plan.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

- Clinical and internal audit was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks and implementing mitigating actions were in place but did not cover all areas to ensure that patients and staff were protected from the risk of harm at all times. These included the absence of risk assessments to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However, there was no process to monitor that the changes made were appropriate.

### Leadership and culture

Staff said they felt respected, valued and supported, particularly by the partners, nurses and the management team at the practice. There was a clear leadership structure and staff felt supported by the management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, relevant information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Staff told us the practice held regular team meetings, which included clinical meetings, individual staff team meetings and practice wide meetings. The practice held a range of multi-disciplinary meetings including meetings with district

# Are services well-led?

Good 

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

nurses, social workers and health visitors to monitor vulnerable patients. All meetings were minuted to enable staff that were not present to update themselves on discussions.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service through the patient participation group (PPG), practice surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Following the outcome of patient surveys the practice had looked at the extended hours available to patients and was in the processes of trailing additional early morning and evening extended hours. We spoke with four members of the PPG who provided positive feedback about the practice. The PPG had a noticeboard in the waiting area where information about meetings and the purpose of the group were displayed for patients.

The practice 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. Staff told us they felt involved and actively encouraged by the management team to improve how the practice was run.

## **Continuous improvement**

The practice had completed reviews of significant events and other incidents. We saw records to confirm this and had used the outcome of these to ensure that appropriate improvements had been made. The practice had identified areas where continuous improvement in clinical care was needed and had put plans in place to address these. These clinical areas included improving the management of patients with dementia, diabetes, learning disabilities and reviewing and updating the practice admission avoidance register. A series of audits were planned to review these.

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



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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  The practice did not have effective systems in place to assess risks to patients and staff. <ul style="list-style-type: none"><li>• Risk assessments had not been carried out to prevent or reduce staff and patient exposure to substances that could be hazardous to their health.</li></ul>