

# Parkside Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Medical Practice on 18 October 2016. Overall, the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Some completed incident recording forms did not demonstrate that people were told about any actions to improve processes to prevent the same thing happening again.
- Some risks to patients were assessed and well managed. However, systems for managing patient safety alerts, recording the monitoring of high risk medicines; checking clinicians' registrations and indemnity cover, nurse's professional memberships and risk assessing staff who had not receive

appropriate immunity status checks were not well managed. Following the inspection the practice provided documentations to evidence where they had reviewed the practice systems.

- 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 in most areas. Following the inspection the practice provided documents to demonstrate that some additional training had been completed
- Staff received yearly appraisals; however, the practice did not provide documentation to evidence how staff competencies had been reviewed during and after role specific inductions.
- Although the practice held clinical meetings, documents viewed did not demonstrate that they were occurring regularly and evidence of actions required or completed as a result of meeting discussions were limited.
- During the inspection staff were able to demonstrate where the practice had worked with other health care

# Summary of findings

professionals. Although performance related to the uptake of childhood vaccinations for under two year olds were below CCG and national averages staff explained actions taken to support the increase of uptake.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. During the inspection staff were seen to be treating patients with kindness and respect, and maintained patient and information confidentiality.
- Information about in-house and community based services was available. The practice held a variety of well-attended health awareness events and information evenings to raise awareness of health conditions and the verity of support services available.
- Details of how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were areas where the governance structure and systems was not effectively operated. For example, the management and implementation of systems, policies and processes did not ensure that they were always well established or effectively operated.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The practice must establish and operate effective systems and processes. For example, the practice must operate effective systems for managing incidents, recording the completion of medicine reviews, sharing safety alerts, maintaining accurate patient records and ensuring adequate indemnity cover are in place for clinicians.
- Establish an effective system for monitoring and ensuring staff have received identified training to enable them to fulfil the requirements' of their role. Implement an effective system to monitor and review staff competencies during and after induction.

The areas where the provider should make improvement are:

- Ensure an effective employee immunisation programme is in place for staff who handles clinical specimens or carry out an appropriate risk assessment to mitigate risks.
- Establish an effective system for checking clinicians' registrations, and nurses' professional memberships.
- Continue to explore ways of improving the uptake of childhood immunisations.
- The practice should ensure that business continuity plans are well embedded and staff are aware of the content and where to access the plan.

**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?

- Systems were in place for reporting and recording significant events; however, systems were not well established or implemented well enough. For example, some incidents had not been fully followed through and some recording forms were incomplete.
- Records did not always demonstrate where lessons were shared to make sure action was taken to improve safety in the practice. The practice was unable to demonstrate where they had reviewed actions to confirm implementation.
- Staff explained that when things went wrong patients received reasonable support, truthful information, and a written apology; however, some completed incident forms did not support this. For example, some completed forms did not demonstrate that people were told about any actions to improve processes to prevent the same thing happening again.
- Processes for managing and recording repeat prescriptions were not effective. For example, the recording of reviews carried out for patients in receipt of medicines which required closer monitoring did not clearly demonstrate that a review of their treatment was carried out in line with prescribing recommendations.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some risks to patients were assessed and well managed. However, systems for managing patient safety alerts did not demonstrate an effective system for keeping staff updated on alerts received or actions taken. Following the inspection we were told that the management of safety alerts had been reviewed and the policy updated.

Requires improvement



### Are services effective?

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- Although staff demonstrated that they had the skills, knowledge and experience to deliver effective care and

Requires improvement



# Summary of findings

treatment; there was some training which the practice had identified as mandatory which staff had not completed.

Following the inspection the practice provided evidence to demonstrate where some training had been completed.

- Although there was evidence of appraisals and personal development plans for all staff, the practice were unable to provide evidence of where staff competencies' had been reviewed during and after role specific inductions.
- Staff explained that they worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice encouraged its patients to attend national screening programmes; performance was comparable to local and national averages. Although childhood vaccinations for under two year olds were below CCG and national averages staff we spoke with on the day explained actions the practice were taking to increase uptake.

## Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice analysed the national GP patient survey results and also carried out an internal survey with support from the patient participation group. The survey showed high levels of patient satisfaction.
- Patients we spoke with as part of the inspection 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?

- 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. For example, the participated in Walsall Federation where they worked with other practices to support service improvement.
- The practice understood the population served; held various health awareness events such as dementia and diabetes awareness and sought to ensure relevant services were provided.

Good



# Summary of findings

- 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.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.
- 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 appropriate actions were taken to prevent the risk of further occurrences.

## Are services well-led?

- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however, some policies had not been made available to staff members and processes were not always well established or operated effectively. For example, GPs were not using electronic systems to its full potential to ensure medicines were effectively being monitored. A regular pattern of clinical meetings had not been established and information regarding actions identified or completed as a result of meeting discussions was limited.
- There was areas where systems and processes to enable the practice to identify and appropriately respond when quality and safety were being compromised were not effective. For example, the practice did not establish an effective system for managing incidents, safety alerts, monitoring the completion of training or assessing competency during induction. Following the inspection we were told that some systems and processes were reviewed and changes implemented.
- The introduction of measures to reduce or remove the risk within an appropriate timescale had not been monitored or followed through to completion and we saw examples where incident records had not been thoroughly completed.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

## Requires improvement



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a focus on continuous learning and improvement at all levels as a result of complaints and patient feedback.

# 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 provider was rated as good for caring and responsive; and requires improvement for safety, effective; and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice engaged with the district nursing team to support older people and others with long term or complex conditions.
- The practice used an electronic frailty index score which was embedded into the practice computer system. This allowed the practice to identify patients who required closer monitoring. Advanced care plans were completed for this patient group.
- The practice provided health promotion advice and literature which sign posted patients to local community groups and charities such as Age UK. Data provided by the practice showed that 89% of patients aged over 75 received a health check in the last three years.
- The practice was accessible to those with mobility difficulties.

**Requires improvement**



### People with long term conditions

The provider was rated as good for caring and responsive; and requires improvement for safety effective; and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the local and national average. For example, 94% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) compared to the CCG and national average of 91%.

**Requires improvement**





# Summary of findings

- A diabetic specialist nurse held a clinic at the practice once every two weeks. The practice also held an educational evening to raise awareness of diabetes and the support available to patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy; in house community pharmacist service and followed recognised asthma pathways.
- The practice also offered in-house electrocardiogram (ECG) tests, ultrasound scan and blood pressure monitoring (BPM).

## Families, children and young people

The provider was rated as good for caring and responsive; and requires improvement for safety effective; and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for children aged five were relatively high for standard childhood immunisations, however immunisation rates for two year olds were below average in some areas. Childhood immunisation clinics were carried out in conjunction with health visitors' baby weight clinics, which were in the same building. Staff were engaging patients opportunistically; we observed posters in the reception area and alerts were placed on patient's records.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast feeding
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average and national average of 81%.

## Requires improvement



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as good for caring and responsive; and requires improvement for safety effective; and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For accessibility, telephone consultation appointments were available late evening on Monday until 7.30pm and early morning appointments on a Tuesday and Friday – 7.30am or earlier upon patient's request.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered travel vaccinations available on the NHS and sign posted patients to other services for travel vaccinations only available privately.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data provided by the practice showed that 82% of working aged patients have had their blood pressure checked.
- Data from the national GP patient survey indicated that the practice were above local and national average regarding phone access and opening times.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for caring and responsive; and requires improvement for safety effective; and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD).

Requires improvement



# Summary of findings

- Longer appointments were available for patients with a learning disability. Data provided by the practice showed that 60% had a care plan in place, 85% had a medicine review and 95% had a face-to-face review in the last 12 months.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 4% of the practice list were carers. Carers were invited to health awareness events where the practice provided information on services, carried out health checks and used these events to increase the practice carers list.

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

The provider was rated as good for caring and responsive; and requires improvement for safety effective; and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported data for 2015/16 showed 82% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to the CCG average of 85% and national average of 84%.
- Nationally reported data for 2015/16 showed 93% of patients on the practice mental health related indicators had a comprehensive, agreed care plan documented in the preceding 12 months. This was above the CCG and national average.

**Requires improvement**



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice also held a health awareness day for patients diagnosed with dementia and carers.
- The practice carried out advance care planning for patients with dementia.
- A Community Mental Health Nurse offered counselling services within the practice and staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Surgery based ECG service for patients prescribed anti-psychotics were available.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and there were a designated lead responsible for this population group.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages for several areas. 270 survey forms were distributed and 104 were returned. This represented a 39% completion rate.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Practice staff were described as caring, compassionate, kind and helpful and patients felt that they were treated with dignity and respect.

We spoke with eight patients during the inspection (including one member of the practice's patient participation group). Patients and PPG members said they were satisfied with the care they received and thought staff were approachable, committed and the appointment system worked well.

## Areas for improvement

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

- The practice must establish and operate effective systems and processes. For example, the practice must operate effective systems for managing incidents, recording the completion of medicine reviews, sharing safety alerts, maintaining accurate patient records and ensuring adequate indemnity cover are in place for clinicians.
- Establish an effective system for monitoring and ensuring staff have received identified training to enable them to fulfil the requirements of their role. Implement an effective system to monitor and review staff competencies during and after induction.

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

- Ensure an effective employee immunisation programme is in place for staff who handles clinical specimens or carry out an appropriate risk assessment to mitigate risks.
- Establish an effective system for checking clinicians' registrations, and nurses' professional memberships.
- Continue to explore ways of improving the uptake of childhood immunisations.
- The practice should ensure that business continuity plans are well embedded and staff are aware of the content and where to access the plan.

# Parkside Medical Practice

## 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 adviser, a practice manager specialist advisor and an expert by experience.

## Background to Parkside Medical Practice

Parkside Medical Practice is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Parkside Medical Practice are below the national average, ranked at four out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between 45 to 54 and 75 to 84. The practice has a below average of patients aged 25 to 44 and 55 to 64.

The patient list is approximately 3,764 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is situated on the ground floor of a multipurpose building shared with other healthcare providers and the local library. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing consist of one female GP and one male GP, one practice nurse (independent prescriber), one advance practice nurse, a practice manager and a team of administrative staff.

The practice is open between 8am and 7.30pm on Mondays, 7.30am and 6.30pm on Tuesdays and Fridays, 8am and 1pm Wednesdays; 8am and 6.30pm Thursdays. On the last Friday of every month, the practice closes at 1pm.

GP consulting hours are from 8am to 7.30pm on Mondays. Tuesdays consulting times are from 7.30am to 5.30pm; Wednesdays are from 8am to 12.30 noon; Thursdays from 8am to 5.30pm and Fridays from 7.30am to 6pm except for the last Friday of every month where the practice closes at 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111.

## 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

# Detailed findings

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.

## 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 visit on 18 October 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

We found variance across systems in place for reporting significant events. The practice did not establish a clearly defined embedded process to support an effective system for managing significant events. For example:

- Staff told us they would inform the practice manager of any incidents and significant events; however, we saw that the practice did not establish a consistent approach. Forms were available on the practice's computer system and hard copies in reception areas.
- There were inconsistencies in the thoroughness of some of the significant event analysis. For example, some completed forms included a thorough analysis with details of educational needs, actions required and a record of how the practice would demonstrate improvements; however, other forms did not demonstrate the same level of detail. Members of the management team explained that new forms were introduced to increase the level of analysis carried out as a result of safety incidents.
- Staff we spoke with explained that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again
- 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).
- There was a lead person responsible for managing significant events. The practice provided us with a folder, which contained 11 completed incident forms in the last 12 months.
- There were some examples of actions implemented in areas as a result of significant events and incidents. For example, we saw that an incident relating to a safeguarding concern and the management of patients with multiple co-morbidities had been appropriately documented and there were evidence of proposed actions with clear time frames for completion. However,

we found that in other areas the practice did not establish a consistent approach; for example evidence of learning was limited and identified actions were not always followed through to completion.

The practice manager disseminated safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We discussed a recent alert relating to specific emergency medication kits for patients with diabetes, the alert advised patients to return medication kits where a batch issue had been identified. We saw that the practice manager conducted a search on the practice's patient record system to determine if action was needed for the practice's diabetic patients. As a result of the search, the practice manager contacted relevant patients and advised them to return medication kits to either the practice or the pharmacy; this was recorded in patient records. However, when we discussed the alert with clinical staff not all staff were familiar or aware of the alert.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke with provided examples of where they had followed practice processes when raising concerns.
- There was a lead member of staff for safeguarding. Although safeguarding was not a standing agenda item on the monthly practice meetings staff we spoke with explained that GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Conversations with staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to child protection or child safeguarding level three. Nurses had also received level three safeguarding training for children and vulnerable adults.



## Are services safe?

- 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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however, some reception staff who handled clinical specimen had not received up to date training.
- An external infection control specialist undertook annual infection control audits. An audit carried out within the last 12 months showed that the practice had scored 85%. The practice scored 64% for environmental management and 71% for management & governance. We saw evidence that some actions were taken to address improvements identified as a result. For example, the practice were now recording water temperature checks to support the management of risks associated with legionella.
- Although the practice had arrangements to ensure staff received hepatitis B immunity status checked and received vaccinations in line with current national guidance, we saw that non-clinical staff who handled clinical specimens did not have their immunity status checked.
- The practice's vaccination fridges were secure and we saw records to demonstrate that the monitoring of vaccination fridge temperatures were kept in line with Public Health England guidance.

We found that in areas, there were ineffective governance arrangements to support the systems for managing medicines. For example:

- The practice did not operate an effective system for managing repeat prescriptions. For example, although we saw that medicine reviews had taken place within recommended guidelines for patients on certain

medicines which require closer monitoring, these reviews were not being adequately recorded. Therefore, a number of medicine reviews were showing as not being completed.

- Prescription stationary including blank prescription forms and pads were securely stored and there were well established and effective systems in place to monitor their use.
- The practice received support from the local CCG pharmacy team four hours once a week who carried out regular medicines audits to monitor cost efficiency and ensure prescribing was in line with best practice guidelines for safe prescribing. The practice participated in the CCG improvement scheme for medicines optimisation (a scheme aimed at encourage and reward GP practices to improve prescribing to further enhance its quality, safety and cost effectiveness).
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and appropriate checks through the Disclosure and Barring Service. However, the practice did not establish an effective process for monitoring clinical staff members registrations with the appropriate professional body, nurses revalidation dates or provide evidence of appropriate indemnity cover. Following the inspection the practice explained that some documents were kept off site, as a result the practice provided documents following the inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some 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 office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff

## Are services safe?

we spoke with told us that they had received fire training and were able to demonstrate what to do in the event of a fire; however, when asked management were unable to provide proof of completed training.

- Electrical equipment was checked by a professional contractor to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that labels were attached to electrical equipment which evidenced that they had been checked within the last 12 months.
- 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 enough staff were on duty. The practice had a buddying system for reception and admin staff and holidays were coordinated to ensure sufficient cover were in place.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents in most areas.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines 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.
- Although the practice had a business continuity plan in place for major incidents such as power failure or building damage the plan we viewed did not included emergency contact numbers for staff. Members of the management team were aware of the practice business continuity plan; however, some staff we spoke with were unaware of its existence.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed 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.

- The practice had some systems in place to keep all clinical staff up to date with evidence based and nationally recognised guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with had on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Staff explained that regular clinical meetings were held to enable the clinical staff to discuss and share best practice and some of the more complex cases they had seen. Staff we spoke with told us that actions and outcomes were discussed and minuted. However, when requested staff members were unable to provide evidence to support a regular programme of clinical meetings, or evidence of any actions identified or completed as a result of meeting discussions.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Exception reporting for clinical domains (combined overall total) was below CCG and national average (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). For example, the practice exception reporting rate was 7% compared to CCG average of 8% and national average of 10%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the local and national average. For example, 94% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) compared to the CCG and national average of 91%.
- Performance for mental health related indicators was above the national average. For example, 93% had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 88%.

Staff we spoke with explained that designated staff monitored QOF domains. We were told that designated leads were contacting patients who were overdue for QOF related reviews. The practice's approach was to send three letters of invitation for a review to patients and operated a call and recall system. Staff we spoke to told us that they would only exception report after all options had been explored and we saw evidence to support this. The QOF lead reviewed registers three months in advance and targeted identified areas.

There was evidence of quality improvement including clinical audit.

- The practice provided examples of two clinical audits completed in the last two years; these were completed audits where the improvements made were implemented and monitored.
- Following a review of guidelines, the practice carried out an audit to identify whether patients prescribed medicines commonly used to treat rheumatoid arthritis were being adequately monitored. Findings were used by the practice to improve service provided to this patient group. For example, recent action taken as a result included letters being sent to identified patients advising of the need reviews at appropriate intervals. As a result, the practice demonstrated quality improvement from 0% receiving blood tests at the correct interval to 90%.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

The practice were able to demonstrate that staff had the skills, knowledge and experience to deliver effective care and treatment in most areas.

- The practice had an induction programme for all newly appointed staff. Mandatory training identified by the practice as part of the induction programme covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality. However, we saw that health and safety was not factored in to the induction programme. Furthermore, records were not always kept to demonstrate where competencies were assessed for newly appointed staff and that staff were up to date with the training that the practice considered to be mandatory and essential training requirements. Although the practice carried out yearly appraisals, when asked they were unable to provide documentation which demonstrated where progress reviews such as probationary reviews had been carried out for new staff members.
- In other areas however, we saw that staff received role-specific training. 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, coaching and mentoring, clinical supervision, facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Completed training was not consistent throughout the staffing group. For example, some staff received training that included safeguarding, fire safety awareness, basic life support and information governance. However, although staff were able to explain how they would carry out certain roles effectively there were staff which had not received information governance, fire safety or

health and safety training. We were told that the practice had recently signed up to e-learning training modules therefore staff were working through a number of mandatory courses. Following the inspection the practice provided evidence of completed information governance and fire safety training.

### 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of palliative care multi-disciplinary team meetings for patients with end of life care needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided access to services such as family planning, health promotion, Psychiatric Counselling, smoking cessation and coronary heart disease clinics. They made use of health trainers, dieticians and weight management services.
- A diabetic specialist nurse held an in-house clinic every two weeks. The practice held a diabetes evening to promote this service and to raise patient's awareness of support available for those diagnosed or at risk of diabetes. Data provided by the practice showed that 66 invites had been sent out and 21% attended the event. Evaluation forms provided by the practice showed that, 100% found the evening helpful, 93% found it easy to understand and 100% would recommend similar events to a friend or family member. Staff explained that they received suggestions and comments following the event. For example, patients would welcome an email advising them that repeat prescriptions were available.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), Bowel Cancer and patients with learning disability. There were patient specific clinics for vulnerable patients, for example patients on the learning disability register.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using recognised methods was 97%, compared to CCG average of 91% and national average of 90%.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG and national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure 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. Data provided by the practice showed that 93% had been screened.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 70% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 71% compared to CCG average of 68% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 48%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 50%, compared to CCG average of 52% and national average of 58%.

Childhood immunisation rates for the vaccinations given were below CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 95% compared to CCG average of between 74% to 99%, and national averages of between 73% to 95%. Staff we spoke with explained that they carried out a search of children who had not received the measles, mumps and rubella (MMR) vaccination. Data provided by the practice showed that 46% had not been recorded, 3% were incorrectly coded, 19% declined and 11% had not received the vaccination. We were told that some patients had received a single vaccination however had not been recorded. As a result the practice were in the process of updating patient records and were inviting parents in with their child to ensure they were up to date with immunisations. Five year olds were above CCG and national averages for most vaccinations ranging from 84% to 100%. Staff we spoke with explained that childhood immunisation clinics were carried out in conjunction with health visitor's baby weight clinics, which were in the same building. Staff were engaging patients opportunistically; we observed posters in the reception area and alerts were placed on patient's records.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

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.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Throughout the inspection, we observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients during the inspection including one members of the practice's patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were provided with numerous examples of where practice staff had gone above and beyond to provide effective care. Comment cards were aligned to patient feedback and highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed 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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG 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 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Staff we spoke with explained that the practice were aware of the GP survey data, and we saw minutes of meetings held with the PPG where the practice had analysed the results and supportive in carrying out an internal survey. Documentation provided by the practice showed that the practice and PPG members collected opinions from 100 patients between January and February 2016. Results were positive, for example 94% of patients found the reception staff very helpful.

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

Patients we spoke with on the day 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

## Are services caring?

- 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 87% and national average of 85%.

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

- Staff told us that translation 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.
- Information leaflets were available in easy read format and links to common health questions were available via the practice web site.

### **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's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers (4% of the practice list). The practice held a quarterly health promotion event; one included a carer's event where the practice invited guest speakers to discuss services available to carers. Data provided by the practice showed that 92% of carers had received a health check in the past two years and 64% had a flu vaccination between October 2015 and October 2016. Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress levels review. Written information was available within the reception area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. The practice had a comprehensive bereavement pack which provided families with information on various support services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of Walsall Federation (a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local community). The lead GP attended various educational events hosted by the federation, one being the management of Atrial Fibrillation (an irregular and sometimes fast pulse) in primary care. Detection had been identified as below national averages within Walsall. The practice had effective systems in place to detect and treat patients, this resulted in the practice performing above local and national averages. QOF data showed that 100% of patients with atrial fibrillation (an irregular and sometimes fast pulse) were being treated using recommended therapy, with a 0% exception reporting rate.

- The practice offered extended opening for appointments Mondays 6.30pm to 7.30pm; Tuesdays and Fridays 7.30am to 8am for patients who could not attend during normal weekday opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice pro-actively contacted patients who rarely attended the practice. Staff we spoke with provided examples of where they had eased patient's anxiety and encouraged them to attend the practice for a routine health check. The practice also developed systems which identified patients who had not visited the practice in the past 12 months.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and sign posted patients to other services for travel vaccinations only available privately.

- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient record.
- There were disabled facilities and the premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw evidence of this.
- The practice worked with the local addiction service under a shared care agreement to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- A range of diagnostic and monitoring services including spirometry, phlebotomy and blood pressure monitoring were available at the practice for the convenience of patients.
- In house dementia reviews were available and the practice held a dementia information session to raise awareness on the different types of support available. Guest speakers from Wolverhampton University were invited to host the session which were also supported by dementia friends. Data provided by the practice showed that 12 people attended the session, 42% were carers of a person with dementia and 33% were patients diagnosed with dementia. Staff we spoke with told us that from the evaluation forms they received following the session, 100% found it useful and were interested in attending any further sessions.

### Access to the service

The practice is open between 8am and 7.30pm on Mondays, 7.30am and 6.30pm on Tuesdays and Fridays, 8am and 1pm Wednesdays; 8am and 6.30pm Thursdays. The practice closes the on the last Friday of every month at 1pm, during this time services are provided by NHS 111. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Four online appointments per day were available.

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

# Are services responsive to people's needs?

## (for example, to feedback?)

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

During our inspection patients advised that they were able to get appointments when they needed them.

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. Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP by telephoning the patient or carer in advance to gather information. 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, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits and there were an effective system in place for managing these requests.

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

The practice had an effective 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 in the practice.
- We saw that information was available to help patients understand the complaints system. For example, during our reception observation, we saw posters displayed in the reception area and the practice had a complaints leaflet available for patients to take away. This explained the complaints process, expected timescales for managing the complaint and what to do if they are unhappy with the response from the practice. Copies were placed in the new patient registration pack.

The practice received two complaints in the last 12 months, we looked at them both in detail and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, practice staff were placed on chaperoning training to increase the availability of chaperones.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services which reflected those needs.

### Governance arrangements

There was a staffing structure and staff were spoke with were aware of their own roles and responsibilities and the responsibilities of the wider team. Although there were some governance arrangements in place, we saw that in some areas these arrangements were not always effective. For example:

- Some practice specific policies and processes were implemented and were available to all staff; however, there were areas where policies and procedures were not fully established; shared with staff or embedded. For example, the practice had systems in place for managing safety incidents; however, there were two different incident recording forms being used by staff. Therefore, we saw inconsistencies in the thoroughness of completed forms. The practice did not establish an effective system for sharing learning or ensure that required actions were carried out to its entirety.
- The system for managing patient safety alerts received from (MHRA) did not ensure that all clinical staff were kept updated on alerts received and where required actions had been carried out. Following the inspection the practice told us that practice policies regarding the management of safety alerts have been updated to include cascading information received to all clinical staff.
- The practice did not operate an effective system for managing or monitoring the completion of staff training, assessing competencies following role specific

induction, professional membership for clinical staff; nurses' revalidation and appropriate insurance cover. For example, the practice were unable to evidence where reviews had been carried out during staff induction to enable the practice to assure themselves that staff had achieved agreed competency and completed training as identified by the practice. When asked staff we spoke with were unable to provide proof that appropriate indemnity were in place for clinicians and there were gaps in completed training. Following the inspection the practice provided proof of registration with the appropriate professional bodies for members of the clinical team

- We were told that the practice were in the process of updating various policies therefore some policies were available as hard copies and accessible via the practice managers office and some had been uploaded to an electronic policy management tool. For example, the practice did not have a well established business continuity plan which staff were aware of. We saw that the plan did not include contact numbers for key staff members. Some clinical staff we spoke with explained that they were not aware that the practice had a business continuity plan in place. Following the inspection we were provided with a detailed copy of the practice business continuity plan.
- 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, issues and implementing mitigating actions in some areas. However, some actions following an infection control audit had not been addressed and the practice was unable to provide assurance that interim safety measures had been implemented.
- Processes for managing medicines which required closer monitoring were not effective. For example, clinicians' were not using the practice computer system to its full potential therefore were unable to demonstrate an effective method for recording medicine reviews. For example, we were told that medicine reviews were being recorded in patient records and not in the practice prescribing module compliance tool. As a result, we saw overuse alerts had been popping up when repeat prescriptions were generated. Staff we spoke with explained that they were

# Are services well-led?

Requires improvement 

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

unaware that the duration box related to the duration of treatment and not the number of days to next treatment review. Furthermore the system did not demonstrate how the practice were effectively managing or monitoring patients medicines as GPs were solely relying on a EMIS (a clinical system which allows healthcare professionals to record, share and use vital patient information) popups to alert them that a medicine review were due.

- The practice did not operate an effective system to ensure the recording of completed childhood immunisations.
- Although there were arrangements in place which ensured that clinical staff had received hepatitis B immunity status checked and received vaccinations in line with current national guidance; the process did not include the completion of a risk assessment for non-clinical staff who handled clinical specimens in the absence of appropriate checks and vaccinations.

## Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice in most areas. However, there were areas of systematic gaps, which resulted in some processes not being well established or embedded.

- Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.
- The provider was aware of and had systems in place 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. Staff told us the practice held regular team meetings; however, minutes we viewed showed that items such as significant events and alerts were not discussed as part of a standing agenda item and not routinely discussed with staff therefore the practice was unable to demonstrate that learning was shared. Following the

inspection the practice advised us that where necessary safety incidents were discussed during staff meetings. We saw evidence of where staff had requested the purchasing of a privacy screen.

- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out internal patient surveys and submitted proposals for improvements to the practice management team. For example, patients requested that the practice clarify health promotion information on the practice website. As a result, the practice introduced a health corner within reception area and also implemented a new website in which the practice had more control over.
- The practice had gathered feedback from staff generally through practice meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following the GP patient survey clinical staff discussed not having enough time to discuss certain health conditions with patients' during appointments. Receptionist awareness of the process when reviewing different types of health conditions such as diabetic reviews were increased. As a result, all reviews were being booked as 20 minute appointment slots. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Requires improvement 

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

## Continuous improvement

There was a focus on improvement within the practice. The practice participated in local audits, national benchmarking, and peer reviews and research. For example, the practice were a research practice and a recruitment site for Birmingham University.

## 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 17 HSCA (RA) Regulations 2014 Good governance |
|--|--|

|  |   |
|--|---|
|  | Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance |
|--|---|

|  |  |
|--|--|
|  | <b>How the regulation was not being met:</b> |
|--|--|

|  |   |
|--|---|
|  | The registered person did not establish or operate effective systems or processes. For example, the systems for monitoring high risk medicines and recording completed medicine reviews; managing incidents and sharing safety alerts with practice staff were not effective or well implemented. The practice did not operate an effective system which allowed them to gain assurance that adequate indemnity cover were in place for clinicians. |
|--|---|

|  |  |
|--|--|
|  | The registered person did not establish or operate an effective process for monitoring and ensuring staff have received identified training to enable them to fulfil the requirements' of their role or implement an effective system to monitor and review staff competencies during and after induction. |
|--|--|

|  |  |
|--|--|
|  | This was in breach of regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |
|--|--|