

# The Woodrow Medical Centre

## 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?

Good 

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 a previous comprehensive inspection of this practice on 20 July 2016 to follow up on an earlier inspection in December 2014. We found a breach of legal requirements and rated the practice as requiring improvement. The practice wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this announced comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements and had also addressed areas where recommendations for improvements had been made.

We carried out an announced comprehensive inspection at The Woodrow Medical Centre on 27 September 2017 when we found that improvements had been made in the practice, but we were not able to see the impact of the improvements on patients at this time. It is envisaged that this may be evident in the next year when national data is published. Overall the practice is rated as good.

Our key findings were as follows:

- Risks to patients were assessed and managed, with the exception of two areas which were addressed immediately by the practice manager and the risk found to be minimal. The practice had a system for monitoring patients taking high risk medicines to ensure they received their blood tests in a timely manner. We saw from audits that all patients had received the appropriate blood tests and monitoring prior to receiving repeat prescriptions for these medicines.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice maintained a log of significant events showing the outcomes with links to the event.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. There had been high exception reporting in a number of areas for the year end 2016/17 which had since been investigated by the practice.
- The practice had experienced difficulties in maintaining a practice manager and had a high level of staff turnover. However, the practice had recruited

# Summary of findings

an experienced practice manager in June 2017 who was promoting and demonstrating improved leadership and encouraging cohesion in the practice team. Staff and patients reported positive changes since their appointment to the practice.

- The practice proactively sought feedback from staff and patients which it acted on. There was a pro-active Patient Participation Group (PPG) who reported positive relationships and involvement with the practice.
- The practice was aware of and complied with the requirements of the duty of candour.
- Patients described staff as friendly, caring and helpful and specifically commented on how the practice had improved in the last six months. Patients told us that they were treated with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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 provider should:**

- Ensure up to date details of the General Medical Council registration for GPs is maintained in the staff files.
- Ensure that the sharing of learning outcomes from complaints and significant event is documented thoroughly.
- Ensure that patients attending for learning disability health reviews are seen by the GP in addition to the nurse practitioner.
- Continue to review all areas of high exception reporting in the Quality and Outcomes Framework and ensure that patients are monitored and screened appropriately following current guidelines, specifically regarding cervical screening and diabetes.
- Continue to encourage patients to take up invitations to national screening programmes for cervical, breast and bowel cancer.
- Strengthen the system for logging and monitoring hand written prescriptions.
- Continue to implement and monitor actions taken in response to the findings of the National GP Patient Survey.

## **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 good for providing safe services.

Good



- Risks to patients were assessed and managed. We found that the practice had a system for the monitoring of patients on high risk medicines and had ensured appropriate monitoring had been carried out. We saw that this system was working effectively. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes. We saw some evidence that learning outcomes had been discussed but some had not been documented. However, staff confirmed that these had been shared with them.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- National patient data from the Quality and Outcomes Framework (QOF) 2016/17 showed that the practice was in line with average scores for the locality and that exception reporting had significantly reduced from 2015/16 and was in line with the CCG and national averages. The practice had achieved 97% of the total number of points available which was comparable with the CCG average of 98% and national average of 96%. The practice clinical exception reporting rate had reduced from 17% to 8% which was the same as the CCG average and below the national average 10%.
- The exception reporting for diabetes indicators regarding blood pressure control and cholesterol levels had reduced to below the CCG and national averages and other areas of diabetes showed that although they were still above average they had reduced significantly.
- The exception reporting for cervical screening had reduced to 27% from 44% the previous year. The practice showed us that since this data they had taken steps to call patients who had

# Summary of findings

been incorrectly exception reported and could demonstrate that 79% of patients had received screening in the last 5 years which was the same as the CCG and national average of 77% and 75% respectively.

- The practice demonstrated that they had been working to address high exception rates and evidence indicated that the data will show further improvement at the 2017/18 year end, for example the practice had only exception reported 1% of patients. However, this could not be confirmed at that time and therefore this area should remain under review.
- Staff had received training appropriate to their roles.
- The practice had engaged with the CCG and had agreed actions to improve clinical quality in the practice which involved areas of work around exception reporting, prevalence and referral rates.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- We saw that the practice had carried out two full cycle audits which demonstrated quality improvement and effective care.
- The practice also carried out NHS health checks for patients aged 40-74 years.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2017 showed patients rated the practice below local and national averages in most areas. However, patients we spoke with and comment cards we reviewed did not align with these views, as patients reported that they were satisfied with the care received from the GPs and staff at the practice.
- We received 10 comment cards, all of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.
- The practice had a register of carers and displayed a range of information including contacts of local support services encouraging patients to notify them if they were carers. The practice now had a register of 34 carers which represented approximately 1% of the practice list.

Good



## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



# Summary of findings

- The practice engaged with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to provide services for patients.
- The practice was equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings.
- The practice was rated below local and national average in many areas relating to appointments and access to the service in the National GP Patient Survey published in July 2017. However, patients we spoke with told us they had not experienced difficulty in getting appointments.
- The practice had introduced health promotion leaflets for a variety of health conditions as well as health screening information in different languages. They had a practice newsletter which had been implemented following feedback from their Patient Participation Group (PPG).
- The practice worked closely with the Diabetes Specialist Nurse who attended the practice on a monthly basis.
- There was a system to record and investigate formal complaints, although there was no system to allow reception staff to record verbal complaints. Following our inspection the practice manager told us they had implemented this.

## Are services well-led?

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

- The practice had a vision and strategy which had been reviewed since the appointment of the new practice manager and shared with all staff. Staff reported that the practice manager had made significant improvements, creating an inclusive team approach and better communication regarding what was happening in the practice.
- The arrangements for identifying, recording and managing risk were effective.
- The practice had systems to enable them to monitor and assess the quality of services. They had taken action in response to high exception reporting and had engaged with the CCG and commenced actions following their recommendations for improvement in quality.
- The practice also had engaged in a quality improvement project aimed to help the practice to improve productivity and efficiency which was ongoing.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on and had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The practice had shared the results of the National GP Patient Survey published in July 2017 with the PPG and had carried out their own survey which had provided a similar response. The practice submitted their plan to show what actions they were taking to improve this.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings.
- The partners were visible in the practice and staff told us they would take the time to listen to them.
- The practice was aware of and complied with the requirements of the Duty of Candour.

# 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 patients.

Good



- The practice offered personalised care to meet the needs of older patients in its population and had engaged in the local frailty scheme to identify older patients at risk.
- The practice carried out annual health reviews and comprehensive care plans for those patients with the highest needs. If patients were housebound they were seen at home.
- The practice carried out vaccination campaigns, for example, flu vaccinations.
- The practice was wheelchair accessible and an external assistance bell was available for patients to use if required.
- The practice carried out Abdominal Aortic Aneurysm (AAA) screening clinics annually.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.

Frail elderly patients were always seen on the same day even if no appointments were available.

### People with long term conditions

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

Good



- Patients with long term conditions were recorded on a register and invited for annual reviews.
- Extended appointments were offered to patients with long-term conditions.
- The practice worked closely with the Diabetes Specialist Nurse who attended the practice on a monthly basis and the nurse practitioner had undertaken training to initiate insulin to prevent the need for patients to attend hospital.
- The Quality and Outcomes Framework (QOF) 2016/17 performance in relation to long term conditions was in line with local and national averages, and overall clinical exception reporting had reduced to be in line with the CCG and national averages. We saw that work was ongoing in this area.
- The nurse practitioner specialised in asthma and chronic obstructive pulmonary disease (COPD) providing spirometry for diagnosis and monitoring.



# Summary of findings

## Families, children and young people

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

Good



- The latest available published data for 2016/17 showed the practice's uptake for the cervical screening in the last five years was 81% which same as the CCG and national average. However, 27% of patients had been exception reported which was significantly above the CCG and national average of 5% and 7% respectively, although this had reduced from 44% the previous year. The practice had investigated this and identified coding issues and had called patients for screening. On the day of inspection we saw that 79% of eligible women had received screening as a result of this action. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- There were systems in place to follow up on children who were considered vulnerable including the use of alerts. The child safeguarding register was reviewed with the health visitors regularly. All staff at the practice had received safeguarding training.
- Appointments were available outside of school hours with GPs and nurses. The premises were suitable for children and babies. We saw positive examples of joint working with the health visitor. Same day appointments were always provided for children aged five and under.
- Family planning and baby clinics were held at the practice every week and the practice website provided information about a range of relevant topics relating to children and young people.
- Baby changing facilities were available at the practice.
- The practice had a young people's advice board in the front entrance of the practice with advice leaflets and posters relevant to this age group.
- Baby immunisations were booked at the eight week check to maximise immunisation rates.
- Childhood immunisation rates for the vaccinations given were high and comparable to the CCG averages.

## 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).

Good



- Extended hours were available one morning each week for patients who could not attend during core hours.

# Summary of findings

- The practice offered GP pre-bookable telephone consultations where this was considered appropriate.
- Patients could book appointments or order repeat prescriptions online.
- Health checks were offered to patients aged 40-74 years.

## People whose circumstances may make them vulnerable

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

Good



- All patients with a learning disability were offered an annual health check and longer appointments were allocated. At the time of the inspection the practice had 13 patients on the learning disabilities register and eight of these had a health check in the last year with the nurse but had not seen the GP. Following our inspection the practice manager notified us that these appointments had been changed to include assessment by the GP.
- Patients whose first language was not English were supported by interpreters. Staff at the practice were able to speak a number of different languages which reflected the needs of the local population.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff we spoke with were aware of their responsibilities and had all received safeguarding training.

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

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

Good



- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 100%, which was above the CCG and national average of 84%. There had been no patients exception reported by the practice in this indicator.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% which was the same as the CCG average and comparable with the national average of 95% and exception reporting was below the CCG and national average in this indicator.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

- Home visits were arranged as required for patients who were not able to attend the practice.
- Annual mental health reviews were carried out for patients experiencing poor mental health.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2017 showed the practice was performing below the local and national averages in all areas with the exception of waiting 15 minutes or longer to be seen where they were the same as the CCG. There were 362 forms sent out and 108 responses. This was a response rate of 30% and represented approximately 3% of the practice population.

- 69% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 77% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 88% and national average of 84%.
- 71% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 87% and national average 85%.
- 57% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average 80% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards, all of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

We spoke with eight patients during the inspection. All patients we spoke with expressed satisfaction with the practice and the care they received. Two patients reported how they had seen improvements in the practice over the last six months specifically regarding the reception staff. They told us they found staff friendly, helpful and polite. Patients told us they were always treated with dignity and respect and felt involved in their care, and that GPs took the time to discuss treatment options. All patients felt they had enough time during consultations and that they got an appointment when they needed one. Following the inspection we spoke with a member of the Patient Participation Group (PPG) on the telephone who confirmed the views of the patients we had spoken with. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

## Areas for improvement

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

#### The provider should:

- Ensure up to date details of the General Medical Council registration for GPs is maintained in the staff files.
- Ensure that the sharing of learning outcomes from complaints and significant event is documented thoroughly.
- Ensure that patients attending for learning disability health reviews are seen by the GP in addition to the nurse practitioner.
- Continue to review all areas of high exception reporting in the Quality and Outcomes Framework and ensure that patients are monitored and screened appropriately following current guidelines, specifically regarding cervical screening and diabetes.
- Continue to encourage patients to take up invitations to national screening programmes for cervical, breast and bowel cancer.
- Strengthen the system for logging and monitoring hand written prescriptions.
- Continue to implement and monitor actions taken in response to the findings of the National GP Patient Survey.

# The Woodrow Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to The Woodrow Medical Centre

The Woodrow Medical Centre is GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 3,900 patients living in the Woodrow and surrounding areas of Redditch, Worcestershire. A GMS contract is a nationally agreed contract used for medical services providers. The practice has a branch practice at Millstream Surgery, Cherry Tree Walk, Redditch which we did not inspect as part of this inspection.

The practice operates from a single storey building which has parking facilities on site and an easily accessible car park opposite the premises. There is a disabled access approach to the main reception with a bell system to alert staff to provide assistance to open the main door if required. There is a spacious waiting area allowing easy access for patients with mobility aids to manoeuvre.

The practice population has a higher than average number of patients aged 0 to 40 years and a significantly lower than average number of patients in the 60 to 85 year age group. National data indicates that the area is one that

experiences high levels of deprivation. The practice population is mixed with high numbers of patients from ethnic groups, whose first language is not English such as Asian and Pakistani.

The practice has four partners; three of these are GPs and the fourth partner is a nurse practitioner who works full time at the practice. One of the GP partners does not carry out clinical work in the practice. The practice employs two salaried GPs, a health care assistant and a practice manager who are supported by five administration and reception staff.

The Woodrow Medical Centre is a teaching practice providing placements to medical students who are training to become doctors.

The practice offers a range of minor surgical procedures such as joint injections, cauterisation of warts and verrucas, incision and drainage of cysts and abscesses.

The practice is open at the following times:

- Monday: 7am to 6pm
- Tuesday: 8.30am to 6pm (the branch surgery is open until 7pm on Tuesdays)
- Wednesday: 8.30am to 5pm
- Thursday: 8.30am to 6pm
- Friday: 8.30am to 6pm

The practice does not provide out of hours services beyond these hours. Patients are provided with information about the local out of hours services provided by Care UK which they can access by using the NHS 111 telephone number.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of The Woodrow Medical Centre on 20 July 2016 under

# Detailed findings

Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, caring, effective, responsive and well-led services. The overall rating for the practice was requires improvement.

The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for The Woodrow Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 27 September 2017 we carried out another announced, comprehensive inspection to confirm the practice had carried out their plans to improve the quality of care and to confirm that the practice had made the improvements that we identified in our previous inspection on 20 July 2016. This report covers our findings in relation to those requirements.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

## How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove Clinical Commissioning Group (CCG) and NHS England Area Team. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

We carried out an announced inspection on 27 September 2017. As part of our inspection we also asked for CQC

comment cards to be completed by patients prior to our inspection. We received 10 comment cards, which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

During the inspection we spoke with eight patients and also spoke with a member of the Patient Participation Group (PPG) on the telephone. We spoke with two GPs, the nurse practitioner, practice manager and four members of administrative and reception staff.

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 20 July 2016, we rated the practice as requires improvement for providing safe services as one of the nurse had not signed the Patient Group Directions prior to administering vaccinations. The practice had not carried out a risk assessment prior to issuing repeat prescriptions for patients taking high risk medicines who required blood tests. These arrangements had significantly improved when we undertook our comprehensive inspection on 27 September 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice reported and recorded significant events and the staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff used incident forms and completed these for the attention of the practice manager. Incidents were discussed at practice meetings which took place on a monthly basis. These were a standard agenda item. We noted two significant events which had not been included in the minutes of meetings; however, conversations with staff demonstrated that they had been discussed on the day of the event. We noted that the practice manager had held a staff training session regarding dealing with an emergency following a significant event and carried out an unannounced scenario to assess if staff were able to respond appropriately should a patient collapse. Staff told us this was a useful process which confirmed they were able to deal with the situation. There had been eight significant events reported in the previous 12 months.
- The practice complied with 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 reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example, staff awareness had been raised and arrangements were put in place to inform new staff of the procedure for managing the telephone system at night.
- Patient safety alerts were sent to the practice manager by email who disseminated to all clinicians. There was a

lead GP who determined what action was required and actions were recorded on each alert. There was no log to provide a summary of alerts, but following our inspection the practice manager told us they had introduced this and submitted evidence to demonstrate this. The log clearly showed all alerts and actions taken.

### Overview of safety systems and processes

The practice had processes and practices in place which included:

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the GP partners was the safeguarding lead for the practice. All staff had received relevant role specific training on safeguarding. The GPs had received level three child safeguarding training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children and knew how to share information, record safeguarding concerns. Contact details for the relevant agencies in working hours and out of normal hours were displayed in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult.
- There was a chaperone policy in place and information advertising this service was visible in the waiting room, consulting rooms and on the practice website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead who had sought training from the local infection prevention and control nurse consultant. There was an infection control policy in place and staff had received up to date training. Infection control audits had been carried out annually and we saw the practice had taken action to resolve issues identified. For example, the



## Are services safe?

practice manager was arranging new flooring following a recent flood. The practice employed cleaning staff and we saw that they had a specification to work to.

However, we noted there was no formal checking mechanism to assure the quality of the cleaning. The practice manager told us this was assessed by daily observation but did not document the outcome.

Following our inspection the practice manager confirmed that they had implemented a document to be completed to confirm this had been monitored.

- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. We noted from a significant event that the appropriate action had been taken following a recent needlestick injury and the practice had introduced new equipment to reduce the risk of future injury. The practice had written confirmation that all staff were protected against Hepatitis B in individual staff files. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, 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 to monitor their use. However, we noted that the system did not include the recording of the start and end numbers of hand written prescriptions although each individual prescription removed was accounted for. Following our inspection the practice manager confirmed that this had now been included in the monitoring system. Patient

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that these had been signed by the GPs and nurse practitioner.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted that whilst the General Medical Council (GMC) number was in the GP staff records there was no proof of the latest registration date. However, following our inspection the practice manager informed us that they had reviewed their system to include a print out of the GMC record and included renewal dates to their checklist.
- The practice had a system for managing high risk medicines and we saw evidence to confirm that guidance was followed. For example, all patients had received their blood tests and monitoring prior to the practice issuing their prescriptions.

### Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had been given to all staff using online training. The practice had carried out a fire risk assessment in December 2016 and the last fire drill had been carried out in August 2017.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and we saw evidence to confirm this had been carried out in January 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. A Legionella risk assessment had been carried in April 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We noted there had not been a risk assessment for blind cords or plug socket covers. The practice addressed this immediately and carried out a risk assessment which concluded that the risk was low.



## Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

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

- All staff received annual basic life support training.
  - There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
  - There was an oxygen cylinder, defibrillator and emergency medicines available to staff which were stored securely.
- The practice had a range of emergency medicines in stock to ensure that they covered the range of services carried out by the practice and all staff knew of their location. The expiry dates and stock levels of the medicines were checked and recorded by the nursing team. The GPs did not carry medicines in their bags.
  - The practice had a comprehensive up to date business continuity plan for major incidents such as power failure or adverse weather conditions and copies were kept off site with the GPs and practice manager. This contained contact details of all members of staff. The practice had a branch surgery which could be used in emergency situations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and practice nurses were able to give a rationale for their approaches to treatment.

- Monthly practice meetings took place for all members of staff.
- We saw evidence of comprehensive care plans for patients.
- Our discussions with the GPs and nurse practitioner showed that they were aware of the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE).

### Management, monitoring and improving outcomes for people

During our previous inspection of July 2016 we noted exception reporting rates to be exceptionally high and recommended that the practice reviewed this in all areas. At our inspection in September 2017 the practice demonstrated that they had reviewed their exception reporting and coding to address this as detailed below. The data we viewed on the day of inspection indicated that clinical achievement should be in line with national averages at the end of the year, and the latest data available for 2016/17 indicated a significant improvement in exception reporting and clinical achievement. The published data available was as indicated below:

- The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved 97% of the total number of points available which was comparable with the CCG average of 98% and above the national average of 96% in 2016/17. The exception reporting was 8% which was the same as the CCG average and below the national average of 10%. This had reduced from 17% in the previous year and was reflective of the work the practice had been carrying out.
- We saw that at the time of our inspection no patients had been exception reported for any clinical areas except diabetes which was at 1%. Exception reporting relates to patients on a specific clinical register who can

be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2016/17 showed:

- The percentage of patients with diabetes whom the last blood pressure reading was within the recommended level was 78% which was comparable with the CCG averages of 79% and 78% respectively. Exception reporting was below the CCG and national average in this indicator.
- The percentage of patients with mental health problems who had had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers was 93% which was the same as the CCG average and above the national average of 90%.
- 100% of patients diagnosed with dementia had had their care plan reviewed in a face-to-face review in the preceding 12 months. This was above the CCG and national averages of 84%.

During our previous inspection in July 2016 the practice had not carried out health checks on all patients with a learning disability. At this inspection in September 2017 we noted the practice still had 13 patients on the learning disability register and we saw that eight patients had received a health review by the nurse practitioner, but had not been seen by the GP. Following our inspection the practice told us they had amended their appointments for learning disability patients to include an additional 10 minute consultation with the GP following the 20 minute consultation with the nurse practitioner.

The Diabetes Specialist Nurse attended the practice monthly to provide advice and support to patients with more complex diabetes. The practice also held an insulin initiation clinic which allowed patients to commence insulin without the need to go to hospital. The nurse prescriber had undergone additional training to offer this service.

We saw evidence of two complete audits which demonstrated improvement in the practice. For example there had been an audit to determine if patients with kidney disease were being treated to achieve optimum blood pressure control. This had resulted in closer follow up of these patients and demonstrated an 11%

# Are services effective?

## (for example, treatment is effective)

improvement in blood pressure control. There had been a second audit which showed the practice had achieved improvement in appropriate antibiotic prescribing in accordance with guidelines.

The practice engaged in collaborative work with five other practices in the area to monitor their referrals to secondary care to determine if they were appropriate or could be improved. They had also met with the CCG quality team and agreed a range of actions to undertake work to achieve further improvements in the practice, some of which had already commenced. For example, review of exception rates, coding issues and prevalence and referral rates.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example one of the practice nurses was an advanced nurse practitioner (ANP). An ANP is a registered nurse who has acquired additional expert knowledge, decision making skills and clinical competencies for extended practice. We saw the nurse practitioner had undertaken a variety of additional courses to enhance their practice such as in non-medical prescribing, cytology and diabetes.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff had undertaken training to enable them to carry out their role effectively. All staff had access to online training modules such as safeguarding, equality and diversity and fire training.
- Recently appointed reception staff told us they felt supported by the practice manager and partners at the practice. During times of sickness and annual leave staff covered for each other.

### Coordinating patient care and information sharing

- The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Electronic Referral System (ERS) which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital. A member of the administrative team was responsible for this and had sourced training and set up the system in the practice which included information to patients on what to do and attached all relevant information and reports to the hospital of choice.

- The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patient care.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GPs reviewed discharge summaries and followed up patients at risk of re-admission. The practice had only two patients on the palliative care register and liaised with the palliative care and district nurses individually as necessary. The practice met with the health visitor every two months to discuss children at risk and followed up children with a high number of A&E attendances.

### Consent to care and treatment

- Patients' consent to care and treatment was always sought in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

- During our previous inspection in July 2016 we noted there was no health promotion information available in the waiting areas. At this inspection we saw there was a comprehensive range of health promotion information and literature available in the practice waiting areas. A blood pressure, height and weight monitor allowed patients to record their own readings and submit these to the practice. We noted there were health promotion boards at the entrance to the practice relating to young people's sexual health, chlamydia screening, drug advice, mental health and the influenza campaign.
- For 2016/17 the practice's uptake for the cervical screening programme was 81%, and whilst this was the

# Are services effective?

(for example, treatment is effective)

same as the national average the exception reporting in this area was 27% which was significantly higher than the national average of 7%. There had been a reduction in exception reporting in this indicator from 44% in 2015/16. The practice told us they had investigated the high level of exception reporting for cervical screening recently. They had identified that there had been a coding issue and 253 patients had been incorrectly exception reported. We saw that they had taken action and contacted all patients and carried out cervical screening where patients had given consent for this. We saw that the current rate of patients who had received cervical screening at the practice was 79%.

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. We saw that the practice manager had leaflets printed in several different languages explaining the importance of cervical screening and what it entailed and reception staff were able to ask the practice manager for these where necessary to give to patients. However, it would be beneficial to have these on display for patients to readily access themselves.

- The practice also carried out NHS health checks for patients aged 40-74 years.

The uptake of national screening programmes was below local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 64% which was below to the CCG average of 76% and the national average of 73%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 33% which was below the CCG average of 60% and national average of 58%. The practice had introduced information leaflets to promote the uptake of screening and we saw these on display for patients. The GPs told us they were actively encouraging this during consultations.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 90% to 95% which was above the CCG average and five year olds from 87% to 96% compared with the CCG average of 94% to 96%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Reception staff demonstrated a commitment to assisting patients and directed them to the appropriate resources. We saw that all staff treated patients with dignity and respect and patients we spoke with confirmed this. They commented that there had been improvements in the last six months and changes in staff which they considered a positive step. Patients reported that the reception staff were kind and caring.
- We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 10 comment cards, all of which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

We spoke with eight patients during the inspection and we spoke with a member of the Patient Participation Group (PPG) on the telephone. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were happy with the care they received.

Patients spoke positively about the staff at the practice and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. However, these comments did not support the findings of the National GP Patient Survey published in July 2017 which showed lower than the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the last GP they saw gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 73% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 79% 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%.
- 85% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

We saw that the practice had discussed these results with the PPG in August 2017 and had used the questions in the national survey to carry out their own in-house survey which had shown similar results. The practice submitted their action plan following our inspection showing the measures they were putting in place to improve patient satisfaction. For example, they intended to carry out peer observation to allow reflection on consultation styles, and were introducing a post appointment questionnaire. However, this work had not commenced at the time of inspection.

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

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

The practice had access to an interpreting service for patients whose first language was not English. The practice nurse spoke five different languages and was able to help patients with interpreting when required.

## Are services caring?

Results from the National GP Patient Survey published in July 2017 showed lower than average responses to questions about patients' involvement in planning and making decisions about their care and treatment. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 82% and national average 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

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

- The views of the eight patients we spoke and the comment cards we received were positive about the emotional support provided by the practice and told us they were satisfied with the support they received from the GPs and staff. Some patients specifically reported

how they had received support from the GPs when experiencing ongoing health difficulties with family members which required significant medical input and referral to specialist services.

- At our previous inspection in July 2016 the practice did not have a carers register. During this inspection we found that the practice had introduced a carers register and had identified 34 carers which represented approximately 1% of the practice list. The practice had notices in the patient waiting room to sign post patients to carers' organisations and the new practice registration form provided an opportunity for patients to inform the practice if they were a carer. They had also introduced leaflets which were kept on the reception desk for patients to access to allow them to complete and notify the practice if they were a carer.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and sent them a bereavement card. This was then followed up by a call or consultation as required. We noted the practice had a board in the back of reception to alert staff of patients that had died.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area.

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

- There were longer appointments available for patients with a learning disability and the practice were extending these to include a 10 minute consultation with a GP as well as the nurse. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosted the Abdominal Aortic Aneurysm (AAA) screening at the practice.
- The practice offered GP telephone consultations where this was considered appropriate.
- Patients could book appointments or order repeat prescriptions online.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Postnatal checks were carried out in the practice.
- The nurse practitioner specialised in asthma and COPD providing spirometry for diagnosis and monitoring.
- The practice had a young people's advice board in the front entrance of the practice with advice leaflets and posters relevant to this age group.
- The practice worked closely with the Diabetes Specialist Nurse who attended the practice on a monthly basis and the nurse practitioner carried out insulin initiation for appropriate patients to prevent the need for hospital attendance. Diabetes information leaflets were also available in Urdu and Bengali.

### Access to the service

The practice was open at the following times:

- Monday: 7am to 6pm

- Tuesday: 8.30am to 6pm
- Wednesday: 8.30am to 5pm
- Thursday: 8.30am to 6pm
- Friday: 8.30am to 6pm

Appointments were available during these hours. Urgent appointments were available on the same day. The practice provided extended hours from 7am on Mondays at the main surgery and Tuesday evening at the branch surgery from 6.30pm until 7.30pm. Between 8am and 8.30am and 6pm and 6.30pm the duty doctor answered calls on a mobile telephone that was diverted to them.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was below the local and national averages. For example:

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 69% of patients said they could get through easily to the surgery by telephone compared to the CCG average of 77% and national averages of 71%.
- 65% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

However, patients we spoke with on the day of the inspection told us that they were able to make appointments without difficulty when they needed to and comment cards we reviewed did not report any difficulty in making appointments.

The practice had carried out their own survey using the same questions as the national survey, however, these captured a similar response to the National GP Patient Survey of July 2017. The practice had shared the results with the PPG and submitted an action plan following our inspection to demonstrate how they intended to address the issues in the patient survey. For example, they intended to carry out 360 degree feedback and introduce a post appointment questionnaire.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at the six formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We saw evidence that complaints had been an agenda item at one of the staff meetings but this did not appear to be a standing agenda item and it was not clear what the learning outcomes were

from the minutes. However, staff we spoke with confirmed that learning outcomes from complaints was shared with them. For example, we saw evidence of staff discussion on how customer service could be improved following a complaint about reception staff.

During our previous inspection of July 2016 we noted that the practice did not document verbal complaints to identify trends and ensure learning from these. At the inspection in September 2017 we found that verbal complaints were dealt with as they were raised and directed to the practice manager. The practice manager recorded verbal complaints but there was no system to allow staff to record these at reception. Following our inspection the practice manager notified us that they had introduced a verbal complaints book to be kept in reception to encourage staff to capture all feedback.



# 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 vision which had been reviewed recently and shared with staff. This was:

- To provide the best possible general practice for our patients in a safe, caring, effective and responsive way
- To care for patients in a holistic manner, treating patients as individuals with courtesy and respect at all times
- To engage with the CCG to improve local healthcare services and use NHS resources efficiently

Staff we spoke told us that they were aware of this vision and felt involved in achieving this.

During our inspection we spoke with two GP and the nurse practitioner who were all partners in the practice. We also spoke with the new practice manager who had been in post for four months and asked staff their views of the practice leadership. The practice demonstrated that they had developed a governance structure and identified roles and responsibilities to achieve their vision. There had been a high turnover of practice managers over the last two years and all staff we spoke with reported that the new practice manager had introduced positive changes and a change in the ethos of the practice.

### Governance arrangements

During our inspection in July 2016 we noted that the practice had not always operated effective systems to identify risks to patients. They also had high exception reporting and had not investigated the cause. At our inspection in September 2017 we found that the practice had addressed these areas and implemented measures which should demonstrate improvement over time, for example:

- The practice had a number of policies and procedures in place to govern activity which staff told us they were able to access at all times.
- The practice had systems for identifying, recording and managing risk which were effective. For example, there was a health and safety risk assessment, fire risk and infection control. The practice had been receptive to feedback and had addressed areas where quality of their services had indicated a need for improvement.

For example, they had investigated their exception reporting to establish the cause of unacceptably high levels and responded accordingly. This work was ongoing.

- The practice had not previously carried out full cycle clinical audits to improve outcomes for patients. However, during this inspection we found two full cycle audits had been carried out which had demonstrated improvements.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.
- The practice held monthly team meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

### Leadership, openness and transparency

During our inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice supported by the practice manager. Staff told us the partners were approachable and always took the time to listen and the recruitment of the practice manager had enhanced this. Staff told us the practice manager had introduced an inclusive approach and kept staff well informed of developments in the practice. Staff reported to us how significant events that occurred in the practice were quickly investigated and outcomes shared with them. For example, the practice manager arranged an unannounced mock patient collapse at a meeting to allow staff an opportunity to respond appropriately and discuss any issues following their actions. They also told us that the practice manager gave a presentation to staff following an aggressive patient attending reception.

The practice had engaged in a management quality improvement project aimed to help the practice improve productivity and efficiency which was ongoing.

The practice 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. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave people affected reasonable support, a full explanation and a verbal and written apology.

# Are services well-led?

Good 

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

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. Staff reported that the appraisal process was a positive one. Staff told us they were encouraged to identify opportunities to improve the service delivered by the practice and they were listened to.

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

The results from the National Patient Survey of July 2017 indicated that the practice was performing below CCG and national averages in most areas. The practice had shared this information with the PPG and submitted a plan to demonstrate how they were going to address the issues identified.

There was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality

of care. We spoke with a member of the PPG following the inspection, who told us that they had a good relationship with the practice and felt valued. They told us they met every three months and the practice listened to their suggestions. For example, they introduced a leaflets holder to make health information more easily accessible and had started a newsletter about what was happening in the practice. The PPG had attended the flu clinic the previous year to promote the PPG and encourage membership and told us they intended to repeat this.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in improving the practice.