

Coalway Road Medical Practice

Quality Report

The Surgery
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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

This practice is rated as Requires Improvement overall.

(The practice was rated good at our previous inspection 27 May 2015)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Coalway Road Medical Practice on 11 December 2017. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were areas where the practice did not have appropriate safety arrangements in place. This included:
 - The lack of systems to ensure all equipment was safely managed.
 - There was a lack of completed health and safety risk assessments and those in place were not regularly monitored and reviewed.
 - There was no evidence to confirm that appropriate arrangements were in place for the assessment of patients with presumed sepsis in line with NICE guidance.

Summary of findings

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all staff had received up-to-date safety training appropriate to their role.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had a recruitment policy that set out the standards to be followed when recruiting clinical and non-clinical staff. However, these standards were not consistently maintained.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patients found the appointment system was not easy to use and reported that they experienced difficulty in accessing care when they needed it.
- There was a clear leadership structure and staff felt supported by management.
 - There was focus on continuous learning and improvement.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

For further information, please see the Requirement Notices section at the end of this report.

The areas where the provider **should** make improvements are:

- Ensure an appropriate emergency pull cord is fitted in the patients disabled toilets to ensure their safety.
- Ensure that all equipment used at the practice are appropriately maintained to ensure they are safe to use.
- Ensure that the plans to improve the management of patients with diabetes and patients experiencing poor mental health including dementia, which include the completion of care plans, are implemented.
- Ensure that records are available to confirm that environmental risk assessments have been carried out.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Take a more active approach to identifying carers.
- Review the systems in place for the assessment of patients with presumed sepsis to ensure that they are in line with NICE guidance.
- Investigate the reasons for lower patient satisfaction in the GP national survey for patients experience in accessing appointments at the practice.
- Investigate the reasons for lower patient satisfaction in the GP national survey for patients experience with receptionists at the practice.
- Ensure that policies and procedures to support the effective operation of the practice are reviewed and updated.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Coalway Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and practice manager specialist advisor.

Background to Coalway Road Medical Practice

Coalway Road Medical Practice is registered with the Care Quality Commission as a partnership. The practice is part of the NHS Wolverhampton Clinical Commissioning Group. The practice holds a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice operates from The Surgery, 119 Coalway Road, Penn, Wolverhampton, West Midlands WV3 7NA. The practice provides a number of clinics such as long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations and travel health as well as minor surgery.

The total practice patient population is approximately 5184. The practice is in an area considered as a fifth less deprived when compared nationally. People living in less deprived areas are relatively less likely to need regular health services. The practice has a higher proportion of patients aged between 65 and 75 years (21%) than the average across England (17%). There is also a higher

proportion of patients aged 75 years and above (13%) than the average across England (10%). The proportion of people unemployed (1%) is lower than the local average (9%) and England average (5%).

The clinical staff team currently comprises three GP partners, two male and one female working full time, nine sessions each and a practice nurse who works part time hours. Clinical staff are supported by a practice manager, seven reception staff and one data clerk, employed either full or part time hours.

Coalway Road Medical Practice is an accredited training practice for GP registrars to gain experience and higher qualifications in general practice and family medicine.

Coalway Road Medical Practice opening times are 8.30am to 6.30pm Monday to Friday. Patients can telephone to speak with a doctor between the hours of 8.45am and 9am and 11am and 11.15am (Monday to Friday). There are no clinics held on Thursday afternoons but patients have access to the practice reception staff to complete tasks such as collect prescriptions and make appointments. The practice does not provide an out-of-hours service to its own patients but has two alternative arrangements for patients to be seen when the practice is closed:

- Patients are directed to a local provider, Wolverhampton Doctors on Call (WDOC) when the practice is closed. They provide cover for telephone calls from 8am to 8.30am and also handle clinical queries from 1pm to 6.30pm on Thursdays.
- At all other times 6.30pm to 8am patients are advised to call the NHS 111 telephone service where telephone calls are directed to Vocare, the out of hours service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services. This was because:

- Not all staff had received up-to-date safety training appropriate to their role.
- Safe recruitment practices were not consistently followed.
- Systems were not in place to ensure all equipment used at the practice was serviced and safe to use.
- There was a lack of completed health and safety risk assessments and those in place were not regularly monitored and reviewed.
- There was no evidence to confirm that the significance of NICE guidance for the assessment of patients with presumed sepsis had been discussed to ensure appropriate arrangements were in place.

Safety systems and processes

The practice systems to keep patients safe and safeguarded from abuse were not always effective.

- The policy and procedure were accessible to all staff. They outlined clearly, who to go to for further guidance.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff knew how to identify and report concerns. However, training records we looked at showed that not all staff had received up-to-date safety training appropriate to their role. Following the inspection the practice manager told us that all staff training had been updated.
- The practice had a recruitment policy that set out the standards to be followed when recruiting clinical and non-clinical staff. Staff files we looked at showed that checks of professional registration where relevant were carried out on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- Safe recruitment practices had been followed for staff recently employed. However, this was not evident for locum staff working at the practice.

- There was an effective system to manage infection prevention and control (IPC). The local IPC team had carried out an audit in May 2017. The practice had developed an action plan to address issues identified. There were systems for safely managing healthcare waste.
- The practice ensured that most equipment was maintained according to manufacturers' instructions. Electrical and clinical equipment was checked to ensure the equipment was safe to use and working properly. However, there were areas where systems were not in place to ensure all equipment was safely managed. For example, the practice had a mercury blood pressure monitoring machine but did not have a mercury spillage kit to ensure any spillage would be safely managed. The practice provided evidence following the inspection to confirm that a mercury spillage kit had been purchased. The practice provided patients who experienced difficulty with mobility with access to a wheelchair. There was no record of maintenance and safety checks to ensure the wheelchair was safe to use. The practice told us following the inspection that the wheelchair had been removed.
- There was a lack of completed health and safety risk assessments and those in place were not regularly monitored and reviewed. These included:
 - A Control of Substances Hazardous to Health (COSHH) risk assessment had last been completed in 2015. We found that not all staff had completed health and safety training for example, COSHH, fire safety and specimen handling.
 - We noted that blinds hung at windows in consulting rooms had loose cords, which were easily accessible. The department of health had published an alert on looped cords and chains on window blinds due to the identified risk of harm from strangulation to children and vulnerable adults. The alert recommended that risk assessments should be carried out, primarily in healthcare environments where children and vulnerable adults are commonly present. The practice had not taken action to address the recommendations made by the alert. Following the inspection the practice told us that this had been acted on to ensure the looped cords and chains were secured.

Are services safe?

- We noted that the disabled toilet did not have a pull cord. The toilet was located off the reception area, which meant staff would find it difficult to hear if a patient had problems while using the facilities. Following the inspection the practice told us that action had been taken to ensure that a pull cord would be installed.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. For example, the practice had used a regular locum practice nurse to provide adequate cover during the planned absence of the permanent practice nurse.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice patient information system showed alerts when certain information was entered to alert the GPs to consider sepsis. The GP partners were aware of the correspondence from NHS England alerting all practices about a child that died from sepsis. At the time of this inspection there was no evidence to confirm that the significance of this on the practice had been discussed to ensure appropriate arrangements were in place for the assessment of patients with presumed sepsis in line with NICE guidance.
- Receptionists had access to 'red flag' alerts but this had not been reviewed to include 'red flag' sepsis symptoms that might be reported by patients and how staff should respond.
- Following the inspection, discussions with the senior GP partner advised that an educational session had been held with the nurse and all non-clinical staff on the importance of recognising presumed sepsis and how staff should respond.
- The practice had conducted some safety risk assessments. These included a recent legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was uncertainty as to when a fire risk assessment had been carried out. The practice manager

told us that it was either 2013 or 2014. A report was not available but the practice manager showed us a list of findings, which was undated. An action plan to address these findings had not been developed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Care records were written and managed in a way that kept patients safe. The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. For example, a documented approach was in place for the safe receipt and management of test results, which all staff were familiar with.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, summary care records, preferred care records and medical records if consent given were accessible to other professionals. This included hospitals, in hours and out-of-hours services.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had systems for the safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks. However, medicines were not continuously checked to ensure they were in date and information recorded was not always sufficiently detailed. Medicines we checked were all in date.
- The practice kept prescription stationery securely and monitored its use.
- The GP partners prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. The practice had audited antimicrobial prescribing with the support of the local CCG pharmacy team.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Are services safe?

- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.
- Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. We found that high risk medicines were appropriately monitored.

Track record on safety

The practice had a good safety record related to significant events.

- There were comprehensive risk assessments in relation to safety issues related to incidents and the practice monitored and reviewed activity. This helped it to understand risks and gave a current picture that led to safety improvements.
- The individual partners with the support of the local CCG prescribing adviser managed medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS) alerts. There were arrangements in place to demonstrate all alerts were acted on.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt supported by the management team to do so.
- There were adequate systems for reviewing and investigating when things went wrong. For example, a request for a medical referral for treatment to be made was entered as completed but an investigation identified that it had not been actioned. The minutes of a practice meeting showed that the incident was discussed with staff and included the importance of completing tasks promptly. The patient received an apology and a new referral made. A review of the process for making appointments and processing referrals was carried out and shared with staff. It was also identified that the GP partners needed to be aware of when staff were absent from work so that tasks were allocated appropriately. Arrangements were put in place to address this.
- The practice learned from external safety events as well as patient and medicine safety alerts. The GP partners looked at safety and systems were in place to ensure they were acted on.
- Significant events had been reviewed and documented with evidence of an in-depth analysis of the events seen. Minutes of meetings showed that safety alerts were discussed at practice meetings and included details of action taken and whether any further action was needed.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups as requires improvement for providing effective services. This was because:

- There was an overall decrease in the Quality Outcome Framework (QOF) performance score.
- The practice had not ensured that all the learning and training needs of staff had been met and were up to date.

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' needs were fully assessed. This included their clinical needs and mental and physical wellbeing. We saw detailed care records supported by clear clinical pathways and protocols.
- The practice used electronic care plan templates to plan and monitor the care of patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used a computer based Frailty Index (FI) to identify its most vulnerable patients. This supported the practice to provide an individualised approach to the care of its elderly.
- The practice held a register of 14 patients with a high FI score. Patients identified as being frail had a clinical review including a review of medicines. The practice offered older patients who needed regular health care reviews the opportunity to attend a weekly appointment to aid them in using services appropriately.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The practice assessed patients' with chronic conditions 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.
- We found that most patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The practice performance in three diabetes related indicators were lower than the local CCG and England averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured within the preceding 12 months) was 140/80mmHg or less was recorded as 53% significantly lower than the CCG average of 77% and England average of 78%. The practice exception reporting rate of 15% was higher than the local average of 8% and the England average of 9%. This data showed a decrease in the practice performance from previous years.
- We saw that the practice was involved in a local initiative to support improvements in the management of patients with diabetes. A diabetic consultant at the local hospital led the project. The consultant reviewed the care and treatment of all patients with poorly controlled diabetes with the practice staff and jointly developed care management plans for each patient. Patients with diabetes were invited for an annual health review at which all checks required would be carried out.
- Following the inspection the senior GP partner provided evidence, in the form of extracts from minutes of meetings held between February and April 2017. These briefly detailed the action to be taken to manage the treatment and care of patients with diabetes. Action to be taken included sending letters to patients with diabetes, earlier than planned to attend an appointment and ensuring patients who did not attend were followed up.
- For patients with the most complex needs, the GP partners worked with other health and care professionals to deliver a coordinated package of care.

Are services effective?

(for example, treatment is effective)

- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Patients at risk of hospital admission were identified as a priority.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, Childhood immunisation rates for the vaccinations given to children under the age of two ranged from 100% to 97%. These were above CCG and National averages.
- The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 70%, which was lower than the 80% coverage target for the national screening programme. The practice was aware of this and had reviewed its arrangements for the recall of patients who failed to attend appointments.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way. This took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of 11 patients who required end of life care. Multidisciplinary meetings were held, patients care was discussed, and care plans reviewed and updated. Care plans details included patients preferred place of care and whether patients wished to be resuscitated should their condition deteriorate.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

- There were 38 patients on the practice learning disability register and all had a care plan in place and had their care needs reviewed.

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the local CCG average of 83% and England average of 84%.
- 79% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was lower than the local CCG and England averages of 90%.
- The practice performance for meeting the physical health needs of patients with poor mental health and those living with dementia were also lower than the local CCG and England averages. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption, (practice 80%; CCG 92%; national 91%).
- The practice was aware of the low numbers of patients experiencing poor mental health that had received a review. The practice worked with the community mental health team and the hospital mental health liaison nurse for support and discussion of patients at immediate risk. Patients at risk of dementia were assessed and referred to a memory clinic for diagnosis.
- The practice carried out audits to identify where improvements were needed.

Monitoring care and treatment

All of the GP partners were the leads for monitoring Quality Outcome Framework (QOF) clinical indicators. It was not evident that the practice had a comprehensive programme of quality improvement activity to act on the clinical areas identified for improvement.

The most recent published QOF results for 2017/2018 were 85% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and the national average of 97%. This showed a decrease in the practice performance from the previous year, 92% for 2016/2017. All of the GP partners had management and oversight of QOF. The overall exception reporting rate was 10% which was comparable to the CCG and national averages. (QOF is a system intended to improve the quality of general

Are services effective?

(for example, treatment is effective)

practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice performance for monitoring patients with high blood pressure was significantly lower, 69% than the CCG average of 81% and England average of 83%. The exception reporting rate of 4% was the same as the CCG and England averages. One of the GP partners told us that it was difficult to get patients to attend appointments but it was not evident that the practice had taken proactive action to address this. Following the inspection the senior GP partner told us that a protocol for the management of hypertension had been implemented.

The practice had undertaken nine clinical audits over the past two years, some of which were linked to National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice also monitored the quality of their antibiotic prescribing. One audit looked at the practice management and follow up of the treatment of patients experiencing poor mental health. The audit was a two cycle audit, first carried out in December 2015 and repeated in October 2016. The first audit identified that 64.5% of the patients on a specific medicine had not had appropriate blood test monitoring carried out. Patients were contacted by letter inviting them to attend an appointment for a review of their medicines and to have tests completed. The repeat audit in October 2016 showed that the number of patients who had not had an appropriate blood test monitoring had decreased to less than 50%. The outcome of audits were discussed at clinical meetings.

Effective staffing

Some staff had the skills, knowledge and experience to carry out their roles.

- For example, clinical staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- However, records we looked at identified the practice had not ensured that all the learning and training needs of staff had been met and were up to date. For example, we looked at five staff files, four files showed that staff

had not received fire safety training and infection control training. There was no evidence that staff had received training related to the Mental Capacity Act (MCA) 2005.

- Discussions with the practice manager following the inspection advised that all staff training had been updated.
- The GP partners ensured the competence of the GP trainee and practice nurse by mentoring, clinical supervision and support for revalidation and audit of their clinical and medicine prescribing decision making.
- There was a process in place for supporting and managing staff when their performance was poor or variable through appraisals. Records showed that all staff had received an annual appraisal in the last year.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of patients, including those who may be vulnerable because of their circumstances.
- The GP and practice nurse met regularly with the community matron to discuss patients identified with palliative care needs and those identified as frail or vulnerable.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- Patients were offered health checks and any health concerns detected were followed up in a timely way.
- Data from Public Health England showed that the number of new cancer cases (among patients registered at the practice) referred using the urgent two week wait referral pathway was comparable to the CCG and national averages. The practice worked with a local cancer research facilitator to ensure appropriate referrals were made and to promote and encourage patients to attend cancer screening programmes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. Patients were signposted to services in the local community.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the practice NHS Friends and Family Test results completed between February 2016 and October 2017.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and ninety eight surveys were sent out and 123 were returned. This represented about 2.3% of the practice population. The practice was above average in most areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time compared with the CCG average of 84% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 96%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average 81% and the national average of 86%.
- 88% of patients who responded said the nurse was good at listening to them compared with the CCG and national averages of 91%.

- 88% of patients who responded said the nurse gave them enough time compared with the CCG average of 91% and national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and national average of 91%.
- 78% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% and national average of 87%.

The practice was aware of the lower patient satisfaction score with receptionists. This was felt to be due to a recent period of absence, which was covered by the existing staff.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, these were available in languages other than English, informing patients of the services available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice held a register of 40 patients who were carers (0.8% of the practice list). Practice staff had identified that they needed to be more proactive about asking patients about caring responsibilities to ensure they identified changing circumstances.

- Staff helped patients and their carers find further information and access to community and advocacy services.
- Patients were asked at registration if they had any caring responsibilities and the computer system alerted staff if a patient also had caring responsibilities. Notices in the patient waiting room and on the practice website signposted patients and their carers to support services available to them. For example, there was a poster in the waiting room, which alerted carers to a planned

Are services caring?

community led 'Carers Rights Day' due to be held in November 2017. Carers were invited to attend a drop in event to find out about the support and information available to them and the person they cared for.

- Staff told us that if families had suffered bereavement, the practice would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 average in most areas compared with the local and national averages:

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.

- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all population groups as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests and advanced booking of appointments. However, patients did not always find it easy to access routine daily appointments and could not access their preferred GP unless an advanced appointment was made.
- Patients of all ages could request a health review at any time.
- The practice signposted patients to voluntary and other community health services appropriate to support their health and social care needs.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone consultations, additional appointments were made available and home visits were offered where appropriate.

Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population. One of the GP partners was the lead for the care of older people and the management of patients who received end of life care.
- The practice had a walking group which older patients were encouraged to join. The group met weekly and provided the opportunity for older patients to not only keep mobile and active but also socialise in way that they may not normally.
- The practice ensured that older patients were supported to access care and support from a variety of

services including social care, psychiatry and nursing. Multidisciplinary team meetings were held to ensure patients had a care management plan that met their care needs.

- The practice offered urgent appointments for those with enhanced needs and on the day appointments and or telephone consultations where appropriate. The GP accommodated home visits for those who had difficulties getting to the practice.
- The practice worked closely with families who were carers for their elders.

People with long-term conditions:

- Patients with long-term conditions were invited by letter for an annual review to check their health and medicines needs were being appropriately met. Regular appointments were also offered with the practice nurse throughout the year.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Patients at risk of hospital admission were identified as a priority.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nurses, matron and palliative care team to discuss and manage the needs of patients with complex medical conditions.
- Patients with long-term conditions had individual care plans in place.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Longer appointments and home visits were available when needed.
- The staff used each appointment as an opportunity to educate patients on how to manage their condition.

Families, children and young people:

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, a register for children and young people with safeguarding concerns was maintained, and had alerts on their care records. The

Are services responsive to people's needs?

(for example, to feedback?)

practice worked with other agencies to support patients and protect them from neglect and abuse for example, the practice identified that they had an increased number of children who made regular visits to the accident and emergency department. The GP partners worked with a paediatric consultant from the local hospital to address and manage this.

- A weekly midwife led antenatal clinic was held at the practice.
- Female patients who were breastfeeding had access to a designated room. Suitable chairs were available to ensure mothers and babies could be comfortable when feeding.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients were able to make online appointments and a flexible range of appointments was available outside of school hours. However patients had raised concerns about their experiences when accessing appointments at the practice. The practice had taken some action to address this.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice worked closely with and signposted vulnerable patients to community social agencies and community health professionals.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a policy in place to ensure staff were aware of the process for registering homeless people and travellers if required.
- Multidisciplinary meetings were held to discuss the care and treatment of vulnerable patients.

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

- The practice held a register of patients experiencing poor mental and or dementia.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. However, the practice had not ensured that all patients experiencing poor mental health (including people with dementia) had a care plan completed. The practice had taken action to address this.
- Patients experiencing poor mental health (including people with dementia) were invited to see the practice nurse for a review and have a care plan completed. Patients who failed to attend appointments were proactively followed up by a phone call from a GP or other practice staff.

Timely access to the service

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. This was supported by discussions on the day of inspection and completed comment cards. Two hundred and ninety eight surveys were sent out and 123 were returned. This represented about 2.3% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and the national averages of 80%.
- 56% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 68% and national average of 71%.
- 49% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 67% and the national average of 76%.
- 65% of patients who responded said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 49% of patients who responded described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

Patients' responses showed that they were concerned about the appointment system. Patients were not always able to access appointments within an acceptable timescale for their needs. The practice was aware of patients concerns about access to appointments and had taken some action to address this. For example, the

Are services responsive to people's needs? (for example, to feedback?)

number of appointments available for both GPs and the practice nurse at morning and afternoon clinics were increased. The outcome of this change had not been monitored. The practice had also discussed the results with the patient participation group to support making improvements. There was no further evidence that the practice planned to take any more proactive action to address patients concerns.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. The guidance available ensured staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance.
- The practice had received five formal complaints in the last year. Staff told us that verbal concerns received were documented and reported to the GP. Staff advised that most concerns raised verbally were resolved immediately. We reviewed all complaints and found that they had been satisfactorily handled and in a timely way.
- The practice learned lessons from individual concerns and complaints and it acted where appropriate to improve the quality of care. For example, a complaint made to NHS England regarding uncaring staff attitude was discussed with all staff at a practice meeting. Discussions addressed customer care, respect, compassion and how concerns and complaints should be appropriately handled.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all population groups as requires improvement for providing well-led services.

This was because:

- It was not evident that all staff were aware of the arrangements that had been put in place to act on the deterioration in the practice performance of the Quality Outcome Framework (QOF) for 2016/2017.
- The practice had not ensured policies and procedures were up to date to ensure safety and provide assurances that they were operating as intended.
- Staff had not received essential training related to health and safety.
- Clear and effective processes for managing risks and performance were not in place.
- There were areas where the practice did not have appropriate safety arrangements in place.

Leadership capacity and capability

- Leaders showed knowledge about issues and priorities related to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

- The practice had a vision and strategy to support the delivery of high quality care and promote good outcomes for patients. However, the practice did not always demonstrate its awareness of the actions and activities they were required to undertake to achieve their goals. For example, one aspect of the practice vision was to aim for high QOF points however, results we looked at did not always demonstrate this. The practice also planned to provide timely care but we saw that the practice had not been proactive in the action taken to address patients concerns around access to appointments at the practice.
- The practice was involved in further developing its vision, values and strategy jointly with patients, staff and external partners.

Culture

- Staff stated they felt respected, supported and valued and were proud to work at the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients received apologies where appropriate and a clear explanation about what had occurred. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff had received an annual appraisal in the last year. However, one of the five staff files we looked at contained very little information related to career development and no objectives were identified.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. Clinical staff ensured they had protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they and patients were treated equally.
- There were positive relationships between all the staff working at the practice.

Governance arrangements

There were governance arrangements in place however, these were not always effective.

- One of the GP partners led on most governance arrangements, which was shared although not always documented as a process with members of the clinical team. The partner demonstrated responsibility and accountability. The GP partner was aware that some delegation was needed to support and maintain ongoing good governance and management. This would enable appropriate management and monitoring of services provided to patients.
- Clinical meetings and whole practice meetings took place monthly. We saw the minutes of whole practice meetings that had taken place in October and November 2017. There were standing agenda items discussed at each meeting such as infection control,

Are services well-led?

Requires improvement 

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

significant events and safety alerts. These minutes did not show that QOF outcomes were discussed. Following the inspection the senior GP partner told us that QOF performance had been discussed but not always recorded. Information provided showed brief details of discussions related to improving the management of patients with diabetes.

- Staff were clear of their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice policies, procedures and activities in place were not up to date to ensure safety and provide assurances that they were operating as intended. Some policies were overdue a review and details in those that had been reviewed contained out of date information such as reference to the primary care trust. The practice manager assured us that the policies would be reviewed and was aware of the need to date policies recently reviewed and note an indicative date for the next review.
- Some staff had not received essential training related to health and safety, such as fire training. Following the inspection the practice manager told us all staff had received up to date training.

Managing risks, issues and performance

There was not always a clear and effective processes for managing risks, issues and performance.

- There were areas where the practice did not have appropriate safety arrangements in place. This included:
 - The lack of systems to ensure all equipment was safely managed.
 - There was a lack of completed health and safety risk assessments and those in place were not regularly monitored and reviewed.
 - There was no evidence to confirm that appropriate arrangements were in place for the assessment of patients with presumed sepsis in line with NICE guidance. Following the inspection the senior GP partner told us that this had been addressed.
 - Not all staff had received up-to-date safety training appropriate to their role.
- We reviewed eight records of events that had occurred during the last 12 months. The records showed that significant events had been shared at practice meetings

and with individual staff and other agencies where appropriate. The practice used a software system to record incidents and staff demonstrated that they could all access this system.

- The practice had processes to manage current and future performance. The GP partners managed MHRA alerts individually, which were then discussed at clinical meetings. One of the GP partners had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had arrangements in place and had trained staff to manage major incidents.

Appropriate and accurate information

- Performance information was combined with the views of patients from national surveys, to support improvements.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored. For example, information on antimicrobial prescribing had been shared, reviewed and used to improve practice with the support of the local CCG pharmacy team.
- We found that it was not evident that all staff were aware of the arrangements that had been put in place to act on the deterioration in the practice performance of the Quality Outcome Framework (QOF) for 2016/2017.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Records we looked at showed that these arrangements were regularly audited.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

Are services well-led?

Requires improvement 

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

The practice involved patients, the public, staff and external partners to support high quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to help shape services and the culture of the practice.
- The practice had an active patient participation group (PPG). The practice had acted on issues raised by patients for example, Patients raised concerns about the appointment system particularly the lack of online appointments. Following discussions, additional online appointments were made available to patients.
- The friends and family test (FFT) was regularly monitored. The practice used feedback from the FFT, the national patient survey and the practice survey to support improvements at the practice.

- The practice held service level agreements with external health professionals, to provide easy access to its patients to services, which included physiotherapy and mental health.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Practice meetings currently took place monthly.
- The practice worked in close collaboration with neighbouring practices and the local hospital to promote seamless access to care.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Health and safety risk assessments were not completed as required.• Fire drills and risk assessments were not completed in line with Fire Safety Regulations in health care settings.• COSHH risk assessments had not been updated.• A disabled toilet did not have an emergency pull cord in situ. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk in particular:</p> <ul style="list-style-type: none">• Arrangements to ensure effective action was taken in response to any deterioration in clinical performance identified by the Quality Outcome framework was not evident.• Staff training needs were not reviewed and monitored.

This section is primarily information for the provider

Requirement notices

- Health and safety risk assessments were not monitored and reviewed.
- Policies and procedures were not appropriately reviewed and established to ensure operating as intended.

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

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Staff had not received training related to safety, which included fire safety, COSHH, infection control, Mental Capacity Act (2005).
- There was not a consistent approach to ensuring all staff employed at the practice had an appropriate appraisal completed.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- The provider had not obtained all the required recruitment information for staff employed by the practice. For example, proof of identity and qualifications were not recorded or available in all staff files.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014