Thornley Street Medical Centre

Inspection 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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced inspection at Thornley Street Medical Centre on 24 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear 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.
- The practice had systems to keep patients safe and safeguarded from the risk of abuse.
- The practice routinely 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 structured approach for monitoring patients with long term conditions which ensured patients were offered a review of their care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use, however they expressed concerns about the time it took to get through to the practice and the waiting time beyond their appointment to be seen at the practice.
- There was evidence of the systems and processes in place for continuous learning and improvement at all levels of the organisation.
- Changes were made in the management structure both locally and at a wider organisation level. These changes had impacted on the recent transition of the practice to The Royal Wolverhampton NHS Trust. Governance arrangements were not fully embedded and the support of staff was not fully established.

The areas where the provider should make improvements are:

- Ensure that reception staff are aware of how to prioritise patients that may present with severe infection or sepsis.
- Improve the uptake of cervical screening.
- Continue to identify carers and establish what support they need.
- Carry out a risk assessment to assess whether the practice needed to keep in stock a medicine to treat croup in children.
- Collect information in relation to the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given) at the point of registration and improve staff awareness of this standard.
- Improve communication and information sharing with all staff.
- Ensure staff files include details of staff vaccination and immunisation history.
- Consider developing a documented business plan to support the vision and strategy and achieve objectives.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to Thornley Street Medical Centre

The Royal Wolverhampton NHS Trust (RWT) has been the registered provider for Thornley Street Medical Centre since 21 September 2017. The practice became part of RWT through a model of care called vertical integration. The model of care allows the practice to formally pool its resources and become a single organisation with RWT. For example, all staff were transferred to RWT and are salaried employees of the Trust. Vertical integration aims to improve care co-ordination between primary and secondary care.

Thornley Street Medical Centre is a well-established GP practice situated in Wolverhampton city centre and near to Wolverhampton University's city campus. The practice is made up of six adapted terrace houses and provides services for patients over two floors. There is access for patients who use wheelchairs. There is also a lift for ease of access to the consulting rooms on the first floor if required. At the time of our inspection, the practice had 10,500 registered patients. The ethnicity of patients registered at the practice are approximately 50% white and 25% of Asian origin. The remaining 25% are identified as mixed race, black and other race. The practice has a high percentage of patients from the Eastern European communities. The practice is in the most deprived decile in the city. This may mean that there is an increased demand on the services provided.

The practice does not provide an out-of-hours service to its own patients but patients are directed to the out of hours service, Vocare via the NHS 111 service. The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at the practice include the following clinics; minor surgery, diabetic, hypertension (high blood pressure) and immunisation. The practice has a higher proportion of male and female patients aged 15 to 64 years (53.6%) compared to the CCG average of 32.4% and National average of 34.6%. The level of income deprivation affecting children is 37%, which is higher than the National average of 20%. The level of income deprivation affecting older people is higher, 39% than the National average of 20%.

The team of clinical staff at Thornley Street Medical Centre is made up of four GPs (two female, two male) plus locums as required. The GPs work a total of 42 sessions between them. Other clinical staff includes two practice nurses, one working full time and the other part time. The clinical staff are supported by a practice manager, deputy practice manager, administration and reception staff. The practice is a teaching practice for medical students and GP registrars. The practice also offers placements to student nurses and administration staff apprentices. At the time of the inspection the

practice had a GP registrar working eight sessions a week at the time of the inspection. A GP Registrar or GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. There is a total of 22 staff working at the practice either full or part time hours.

Additional information about the practice is available on their website: http://www.thornleystreetsurgery.nhs.uk

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The provider recruitment procedures were used to recruit new staff for the practice. The files of two recently recruited staff showed that appropriate checks had been carried out prior to their employment.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including staff vacancies, planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Most staff were aware of the systems in place to alert staff in the event of an emergency. There were exceptions however, where new staff were not fully aware of all the systems in place. We were reassured that this would be addressed.
- 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 including sepsis. Reception staff knew how to prioritise patients presenting with symptoms related to heart and breathing emergencies but this did not include an awareness of patients that may present with severe infection or sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Data available showed that the number of antibiotics prescribed overall by the practice was lower than the local clinical commissioning group and National averages.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice had most emergency medicines available with the exception of a medicine for treating croup in children.
- There were effective protocols for verifying the identity of patients during remote consultations.

Good

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- Risks were monitored and safety improvements put in place to minimise the risks.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Alerts were discussed at practice and Trust directorate monthly meetings. Systems were in place to ensure action plans were developed, implemented and monitored.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

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 supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- To improve treatment and to support patients' independence the practice used text messaging to remind patients of appointments.
- 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 an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice provided a service to multiple care homes for older people. Annual reviews of patients care and treatment and medicines were carried out.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (abnormal heart rhythm) were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD, a term used to describe progressive lung disease), atrial fibrillation and hypertension).
- There is a high prevalence of diabetes amongst the migrant communities. The practice held dedicated diabetic clinics which were carried out by identified clinical staff.
- The practice's performance on quality indicators for long term conditions was above the local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% in two of the four indicators. The practice clinical staff, GPs and practice nurses were aware of this as an area for improvement.
- The practice population included a high number of young families. A high proportion of these families were from outside of the UK. There were systems in place to ensure newborn babies were registered with the practice. The practice worked with the health visitors, safeguarding team and local migrant centres if appropriate to educate and support families from these communities.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 57%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had discussed how improvements could be made. One area discussed was the introduction of a cytology screening clinic.

Good

Are services effective?

- The practice's uptake for breast and bowel cancer screening was mostly below the national average. The practice had a system in place to follow up patients who did not attend screening appointments or return completed screening tests.
- The practice was situated opposite a university and a high number of students were registered with the practice, both temporary and permanent. The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for a review of their long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was above the local and national averages. For example, the percentage of patients who experienced poor mental health who had an agreed care plan documented was 97% compared to the local CCG and national averages of 90%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements. The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The published Quality Outcome Framework (QOF) results for 2016/17 were 96% of the total number of points available, which was the same as the clinical commissioning group (CCG) and national averages of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 8.4% compared with a national average of 5.7%. 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). We saw that the exception rates were higher in some of the clinical domains compared to the CCG and national averages. The practice was aware of areas which required improvement within QOF (or other national) clinical targets for example, diabetes. The GPs and practice nurses had lead roles in chronic disease management. One of the GPs had a lead role in the care of patients with diabetes. The GP and one of the practice nurses ran dedicated clinics for patients with diabetes clinics and clinical meetings were held to discuss the management of patients.
- The local CCG benchmarked the practice against other practices in the locality. Areas identified as good practice was shared with other practices and areas requiring improvement were discussed. The GPs attended regular peer review meetings to review and discuss the clinical management of medical conditions and share good practice.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians

took part in local and national improvement initiatives. Activity undertaken included clinical audits linked to the National Institute for Health and Care Excellence (NICE) best practice guidelines, medicine management and clinical conditions.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Clinical staff had weekly protected study time.

Coordinating care and treatment

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

- Records we looked at showed that all appropriate staff, including those in the wider organisation, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- 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 worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held weekly multidisciplinary team meetings where a wide range of topics related to patient care and treatment were discussed. These were open to the wider health and social care professionals, which included community matrons, district nurses and health visitors.

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 own health, for example through social prescribing and navigation schemes.
- 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, tackling obesity.

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.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above the local and national averages for questions related to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The number of carers on the practice register was 103, which represented just over 1% of the practice list. The practice suggested that patients in the practice demographic did not always recognise themselves as carers for family members. Work was ongoing to improve the practice carer register.
- The practice's GP patient survey results were above the local and national averages for questions relating to involvement in decisions about care and treatment.
- Staff were not aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given). The practice manager assured us that this would be reviewed and implemented.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the 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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients had the choice of a male or female GP.
- The practice assessed and offered travel vaccines to patients linked to the countries they would be travelling to. Patients were provided with information and signposted to where they could receive non-NHS travel vaccines.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice. The practice worked with advanced nurse practitioners to provide a shared home visiting service.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. 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 nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Children of all ages and children aged under the age of five were given priority and seen on the day. Appointments were available outside of school hours and urgent appointments were available for children.

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

- The 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, extended opening hours and pre-bookable appointments were available on Saturday, Sunday and Bank Holidays between the hours of 8am and 2pm.
- The practice maintained a register of approximately 1500 students from a local university, which represented 15% of the practice population. This group of patients were from diverse international backgrounds. Support provided included sexual health education and chlamydia screening.
- The practice was proactive in offering online services which included making online prescription and appointment requests.
- Patients were sent telephone texts to remind them about their appointment.

Good

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice population of asylum seekers and new immigrants represented approximately 10% of the practice population.
- The practice worked closely with the local migrant and refuge centre to support the care of these patients.
- The practice offered patients whose first language was not English the use of interpreters daily. A dedicated Kurdish and Arabic speaking interpreter provided support at the practice twice a week.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered annual health checks for patients with a learning disability.
- Longer appointments and home visits were offered to patients whose vulnerability prevented them attending the practice.

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.
- Most patients experiencing poor mental health (including people with dementia) had a care plan completed.
- The practice ensured patients experiencing poor mental health (including people with dementia) had care reviews and worked closely with the community mental health team to ensure appropriate and timely management. Patients who failed to attend appointments were proactively followed up by a phone call from a GP or the practice nurse.
- The practice ensured patients who experienced poor mental health and dementia had access to extended appointments. Patients who failed to attend were proactively followed up.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Results from the national GP patient survey, published in August 2018 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. Two hundred and forty surveys were sent out and 123 were returned. This represented about 3% of the practice population. This was supported by observations on the day of inspection and completed comment cards.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients told us the appointment system was easy to use and cancellations were minimal and managed appropriately. However, they told us they experienced delays when waiting to be seen at appointments. The national GP patient survey also showed that patients were less positive about their experience of accessing the practice by telephone. The practice had discussed this and had put plans in place to improve the patient experience
- Patients with the most urgent needs had their care and treatment prioritised.

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint received about staff attitude was risk assessed. Discussions were held with staff and customer care training provided.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice joined the Primary Care Services (PCS) directorate of The Royal Wolverhampton NHS Trust (RWT) to support progression of the service as well as developing integration with secondary and community care services.
- The practice was in the process of changes in the management structure at a local level. The provider was also in the process of reviewing the primary care services directorate leadership structure. Undergoing these changes during the transition phase of joining, The Royal Wolverhampton NHS Trust (RWT) had impacted on the embedding of governance arrangements and effective staff support at the practice.
- The practice had processes to develop leadership capacity and skills, including planning for the future of the practice.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- RWT had a clear vision and set of value. However, there was not a current strategy or documented supporting business plan to demonstrate the milestones to be met by the practice during the period of transition to RWT.
- Some staff were aware of and understood the vision, values and strategy. There was a lack of clarity to demonstrate how all staff would be supported to achieve these in line with the priorities of RWT.

Culture

The practice had a culture of high-quality sustainable care.

- Most staff stated they felt respected, supported and valued. Non-clinical staff expressed concerns and told us that communication needed to improve.
- Most staff we spoke with told us they were able to raise concerns. However, non-clinical staff told us that they did not feel confident that their concerns would be addressed. Staff shared an example of raising concerns at a meeting but had not received any feedback from the provider.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

Clarity was needed on responsibilities, roles and systems of accountability to demonstrate effective governance and management between the practice and wider organisation.

- Non-clinical staff told us that management roles and who they should report to at a practice level was not clear. The management team explained that there had been a period of management changes over the past 12 months which coincided with the merger with RWT. During this time the lead GP had undertaken a dual role which included managing the practice. A practice manager had been recruited in March 2018.
- The provider, The Royal Wolverhampton NHS Trust (RWT), worked with the practice to provide an organisational structure with clear lines of accountability and responsibility. Changes were being made at this level to strengthen the organisational structure.
- The systems of accountability to support good governance and management were accessible to staff. For example, policies, procedures and protocols were available via the specific practice name on the providers electronic shared drive.
- RWT Primary Care Services management structure included a Deputy Chief Operating Officer. The Group

Manager, Head of Nursing and Divisional Medical Director report directly to the Deputy Chief Operating Officer. Thornley Street Medical Centre linked to the management structure in the following way:

- The Primary Care Directorate Team, practice managers and non-clinical staff reported to the Group Manager.
- The Senior Matron and nursing workforce reported to the Head of Nursing.
- The Clinical Director, practice directors, clinical leads and salaried GPs reported to the Divisional Medical Director.

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Clinical staff with extended roles such as the practice nurses were in receipt of competency reviews in the form of appraisals, one to one observation and both verbal and written feedback.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, 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 plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings, however not all staff felt that this information was widely shared or easily accessible.
- The practice used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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 shape services and culture. There was an active patient participation group.
- The practice had a patient participation group (PPG) that met every three months. Members of the group told us that their suggestions and comments were listened to. However, meetings that were previously set up by RWT to discuss the progress of the merger of the practice with patients had repeatedly been cancelled with no reason given for this.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.